This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 12:28 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/27/2014 Time: 12:28 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BARNES-JEWISH HOSPITAL (260032) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-5,997,333	938,008	-7,645	60,554,459	1.00
2.00	Subprovider - IPF	0	44,433	1,248		671,810	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-64,783	0		0	7.00
8.00	NURSING FACILITY	0				-43,619	8.00
200.00	Total	0	-6,017,683	939,256	-7,645	61,182,650	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 9:40 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE BARNES-JEWISH HOSPITAL PLAZA	PO Box:			1.00
2.00	City: ST. LOUIS	State: MO	Zip Code: 63110-	County: ST. LOUIS CITY, MO	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	BARNES-JEWISH HOSPITAL	260032	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	BARNES-JEWISH HOSPITAL PSYCH UNIT	26S032	41180	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N	P	N	9.00
10.00	Hospital-Based NF	BARNES-JEWISH EXTENDED CARE	265439	41180		10/10/1990	N		O	10.00
11.00	Hospital-Based OLTC	BARNES-JEWISH EXTENDED CARE								11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	28,433	12,603	9,982	4,501	8,068	841	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 9:40 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 9:40 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings		
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	12.58	500.58	0.024515	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRICS	1408	0.18	0.02	0.900000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	129.79	0.000000	65.01
65.02		PEDIATRICS	2000	0.00	2.32	0.000000	65.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 9:40 am

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	47.22	500.11	0.086273	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	16.81	113.86	0.128645	67.00
67.01		PEDIATRICS	2000	0.00	3.08	0.000000	67.01
67.02		GERIATRICS	1408	0.18	0.11	0.620690	67.02

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00

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		V	XIX	
		1.00	2.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1	1,713,333	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/26/1980		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09/16/1987		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	03/08/1990		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	02/02/1995		129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	08/26/1980		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00

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		1.00	2.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4901 FOREST PARK AVENUE	PO Box: SUITE 120		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013	03/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 9:40 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/25/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	03/31/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 9:40 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RACHELLE	SAULS	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0330	RLS5919@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 9:40 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2014			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00

			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

VOLUNTARY CONTACT INFORMATION	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part V Date/Time Prepared: 5/27/2014 9:40 am

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	RACHELLE	1.00
2.00	Last Name	SAULS	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0330	5.00
6.00	E-mail Address	RLS5919@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE SUITE 314	8.00
9.00	Mailing Address 2	MAIL STOP 90-67-808	9.00
10.00	City	ST LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2014 9:40 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	N	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2014 9:40 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	1,077	393,222	0.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		1,077	393,222	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	15	5,475	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	36	13,140	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	35.01	20	7,300	0.00	0	12.01
12.02	CARDIO-THORACIC ICU	35.02	21	7,665	0.00	0	12.02
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		1,198	437,387	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	80	29,200		0	19.00
20.00	NURSING FACILITY	45.00	12	4,380		0	20.00
21.00	OTHER LONG TERM CARE	46.00	28	10,220			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		1,364				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		23	8,395			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2014 9:40 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	89,417	27,219	249,775			1.00
2.00	HMO and other (see instructions)	16,809	30,964				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	89,417	27,219	249,775			7.00
8.00	INTENSIVE CARE UNIT	4,075	1,479	9,572			8.00
9.00	CORONARY CARE UNIT	2,138	568	4,629			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	4,238	1,180	10,790			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU	2,234	668	6,329			12.01
12.02	CARDIO-THORACIC ICU	2,704	413	7,152			12.02
13.00	NURSERY		1,096	6,132			13.00
14.00	Total (see instructions)	104,806	32,623	294,379	669.71	8,414.32	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	4,112	3,351	12,919	8.98	87.46	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	12,151	0	22,494	0.00	57.36	19.00
20.00	NURSING FACILITY		1,767	2,996	0.00	8.79	20.00
21.00	OTHER LONG TERM CARE			7,921	0.00	20.50	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				678.69	8,588.43	27.00
28.00	Observation Bed Days		442	3,552			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	69	841	1,188			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/27/2014 9:40 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	16,462	6,737	53,690	1.00
2.00	HMO and other (see instructions)			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
12.01	NEURO-ICU						12.01
12.02	CARDIO-THORACIC ICU						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	16,462	6,737	53,690	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	351	466	1,542	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				42	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 9:40 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	480,823,825	172,195	480,996,020	17,754,683.33	27.09	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		242,655	0	242,655	2,435.00	99.65	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		3,555,585	0	3,555,585	37,610.00	94.54	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	44,350,312	0	44,350,312	1,682,916.28	26.35	7.00
7.01	Contracted interns and residents (in an approved programs)		34,715	0	34,715	150.70	230.36	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,536,221	0	2,536,221	118,004.56	21.49	9.00
10.00	Excluded area salaries (see instructions)		29,174,643	288,908	29,463,551	1,060,640.57	27.78	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		9,796,976	0	9,796,976	195,725.10	50.05	11.00
12.00	Contract management and administrative services		37,488	0	37,488	1,545.25	24.26	12.00
13.00	Contract labor: Physician-Part A - Administrative		3,473,987	0	3,473,987	28,742.78	120.86	13.00
14.00	Home office salaries & wage-related costs		85,253,809	0	85,253,809	1,816,780.00	46.93	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		59,327,739	0	59,327,739	521,011.92	113.87	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		120,967,546	0	120,967,546			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		9,631,150	0	9,631,150			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		47,407	0	47,407			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		738,057	0	738,057			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		13,656,470	0	13,656,470			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	4,237,284	-337,362	3,899,922	136,433.08	28.58	26.00
27.00	Administrative & General	5.00	33,095,701	1,223,187	34,318,888	1,422,767.01	24.12	27.00
28.00	Administrative & General under contract (see inst.)		8,522,096	0	8,522,096	89,508.61	95.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	8,011,853	500	8,012,353	294,163.49	27.24	30.00
31.00	Laundry & Linen Service	8.00	28,514	0	28,514	2,076.74	13.73	31.00
32.00	Housekeeping	9.00	11,202,302	-134,144	11,068,158	894,014.16	12.38	32.00
33.00	Housekeeping under contract (see instructions)		4,406	0	4,406	269.50	16.35	33.00
34.00	Dietary	10.00	7,031,773	-1,897,994	5,133,779	349,974.25	14.67	34.00
35.00	Dietary under contract (see instructions)		33,749	0	33,749	2,062.25	16.37	35.00
36.00	Cafeteria	11.00	2,642,330	1,859,679	4,502,009	346,473.23	12.99	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	20,887,084	510,259	21,397,343	562,201.15	38.06	38.00
39.00	Central Services and Supply	14.00	3,641,478	500	3,641,978	201,531.05	18.07	39.00
40.00	Pharmacy	15.00	18,143,809	-165,300	17,978,509	481,077.39	37.37	40.00
41.00	Medical Records & Medical Records Library	16.00	11,118,525	1,200	11,119,725	437,855.60	25.40	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 9:40 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	2,904,894	0	2,904,894	104,219.35	27.87	42.00
43.00	Other General Service	18.00	4,605,251	-72,336	4,532,915	143,885.06	31.50	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260032

Period: From 01/01/2013 To 12/31/2013

Worksheet S-3 Part III Date/Time Prepared: 5/27/2014 9:40 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		441,443,464	172,195	441,615,659	16,125,846.71	27.39	1.00
2.00	Excluded area salaries (see instructions)		31,710,864	288,908	31,999,772	1,178,645.13	27.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)		409,732,600	-116,713	409,615,887	14,947,201.58	27.40	3.00
4.00	Subtotal other wages & related costs (see inst.)		98,562,260	0	98,562,260	2,042,793.13	48.25	4.00
5.00	Subtotal wage-related costs (see inst.)		121,014,953	0	121,014,953	0.00	29.54	5.00
6.00	Total (sum of lines 3 thru 5)		629,309,813	-116,713	629,193,100	16,989,994.71	37.03	6.00
7.00	Total overhead cost (see instructions)		136,111,049	988,189	137,099,238	5,468,511.92	25.07	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 9:40 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,905,542	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	40,524,981	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	50,695,142	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,715,247	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	612,546	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	779,578	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,120,013	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	34,628,100	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	718,260	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	79,703	21.00
22.00	Day Care Cost and Allowances	1,554,308	22.00
23.00	Tuition Reimbursement	5,707,211	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	145,040,631	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WAGE INDEX PENSION COST SCHEDULE	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/27/2014 9:40 am

			1.00	
	Step 1: Determine the 3-Year Averaging Period			
1.00	Wage Index fiscal year ending.		2017	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2013	12/31/2013	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2013		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2012		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2014		5.00
	Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)			
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
	Step 3: Average Pension Contribution During the Averaging Period			
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2012		9.00
10.00	Ending date of averaging period from line 5	12/31/2014		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		01/01/2012	104,520,000	11.01
11.02		01/01/2013	122,115,532	11.02
11.03		01/01/2014	0	11.03
			1.00	
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		226,635,532	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		6,295,431	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		75,545,172	16.00
	Step 4: Total Pension Cost for Wage Index			
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		4,233,831	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		4,233,831	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		79,779,003	19.00
		Prepared By	Date	
		1.00	2.00	
	Prepared By and Date Prepared			
100.00		CASSANDRA CUSICK	05/08/2014	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-7 Date/Time Prepared: 5/27/2014 9:40 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	14	0	14	3.00
4.00		RUL	89	0	89	4.00
5.00		RVX	25	0	25	5.00
6.00		RVL	79	0	79	6.00
7.00		RHX	6	0	6	7.00
8.00		RHL	1	0	1	8.00
9.00		RMX	19	0	19	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	967	0	967	12.00
13.00		RUB	1,870	0	1,870	13.00
14.00		RUA	1,684	0	1,684	14.00
15.00		RVC	423	0	423	15.00
16.00		RVB	1,920	0	1,920	16.00
17.00		RVA	2,142	0	2,142	17.00
18.00		RHC	71	0	71	18.00
19.00		RHB	305	0	305	19.00
20.00		RHA	399	0	399	20.00
21.00		RMC	35	0	35	21.00
22.00		RMB	119	0	119	22.00
23.00		RMA	102	0	102	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	257	0	257	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	2	0	2	29.00
30.00		HE1	3	0	3	30.00
31.00		HD2	31	0	31	31.00
32.00		HD1	46	0	46	32.00
33.00		HC2	21	0	21	33.00
34.00		HC1	63	0	63	34.00
35.00		HB2	19	0	19	35.00
36.00		HB1	180	0	180	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	14	0	14	38.00
39.00		LD2	16	0	16	39.00
40.00		LD1	132	0	132	40.00
41.00		LC2	6	0	6	41.00
42.00		LC1	191	0	191	42.00
43.00		LB2	11	0	11	43.00
44.00		LB1	86	0	86	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	22	0	22	48.00
49.00		CC2	1	0	1	49.00
50.00		CC1	92	0	92	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	173	0	173	52.00
53.00		CA2	33	0	33	53.00
54.00		CA1	300	0	300	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	29	0	29	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	7	0	7	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-7 Date/Time Prepared: 5/27/2014 9:40 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	9	0	9	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	77	0	77	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	16	0	16	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	37	0	37	78.00
199.00		AAA	7	0	7	199.00
200.00	TOTAL		12,151	0	12,151	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	4,903,660	45.20	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	SUPPLIES	476,408	4.39	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	10,849,170			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 9:40 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.311798	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	119,404,559	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	93,191,957	5.00
6.00	Medicaid charges	587,677,572	6.00
7.00	Medicaid cost (line 1 times line 6)	183,236,692	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,036,451	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	475,217	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	100,123,971	45,036,449	145,160,420	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	31,218,454	14,042,275	45,260,729	21.00
22.00	Partial payment by patients approved for charity care	1,335,448	1,493,678	2,829,126	22.00
23.00	Cost of charity care (line 21 minus line 22)	29,883,006	12,548,597	42,431,603	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	38,174,313	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	4,317,285	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	33,857,028	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	10,556,554	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	52,988,157	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	52,988,157	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		13,735,488	13,735,488	156,039	13,891,527	1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)		18,098,404	18,098,404	-30,425	18,067,979	1.03
1.04	00104	NEW CRC-B&F(GSON)		1,596,166	1,596,166	31,634	1,627,800	1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)		1,323,524	1,323,524	0	1,323,524	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		20,066,989	20,066,989	33,273,146	53,340,135	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,237,284	13,756,587	17,993,871	-216,143	17,777,728	4.00
5.01	00510	NONPATIENT TELEPHONES	1,526,145	-330,700	1,195,445	-9,482	1,185,963	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	919,444	8,564,119	9,483,563	1,901,526	11,385,089	5.03
5.04	00513	ADMITTING	10,251,168	7,081,970	17,333,138	-5,876	17,327,262	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	20,398,944	127,136,915	147,535,859	-70,042,142	77,493,717	5.06
7.00	00700	OPERATION OF PLANT	8,011,853	28,460,765	36,472,618	-133,225	36,339,393	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,514	3,178,013	3,206,527	-2,404	3,204,123	8.00
9.00	00900	HOUSEKEEPING	11,202,302	9,114,433	20,316,735	-213,514	20,103,221	9.00
10.00	01000	DIETARY	7,031,773	10,002,965	17,034,738	-7,330,993	9,703,745	10.00
11.00	01100	CAFETERIA	2,642,330	5,387,704	8,030,034	6,885,775	14,915,809	11.00
13.00	01300	NURSING ADMINISTRATION	20,887,084	22,618,931	43,506,015	-169,006	43,337,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,641,478	16,348,100	19,989,578	-12,464,600	7,524,978	14.00
15.00	01500	PHARMACY	18,143,809	107,097,777	125,241,586	21,167,839	146,409,425	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,118,525	17,122,147	28,240,672	-16,363	28,224,309	16.00
17.00	01700	SOCIAL SERVICE	2,904,894	1,579,147	4,484,041	-421	4,483,620	17.00
18.00	01080	EXTENDED CARE SERVICES	1,109,251	989,283	2,098,534	-182,045	1,916,489	18.00
18.01	01851	LAB ADMINISTRATION	3,496,000	5,721,813	9,217,813	-9,508	9,208,305	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,821,526	6,365,113	15,186,639	-57,684	15,128,955	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,350,312	12,039,627	56,389,939	55,513,451	111,903,390	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	216,896	216,896	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	132,858	64,508	197,366	99,094	296,460	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,187,810	52,227,311	150,415,121	-4,018,205	146,396,916	30.00
31.00	03100	INTENSIVE CARE UNIT	6,324,447	2,859,348	9,183,795	-30,865	9,152,930	31.00
32.00	03200	CORONARY CARE UNIT	3,317,685	1,301,930	4,619,615	-22,670	4,596,945	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,467,946	4,212,370	11,680,316	-118,558	11,561,758	34.00
35.01	02041	NEURO-ICU	4,397,063	1,977,987	6,375,050	-31,890	6,343,160	35.01
35.02	02042	CARDIO-THORACIC ICU	5,767,384	2,578,897	8,346,281	-9,579	8,336,702	35.02
40.00	04000	SUBPROVIDER - IPF	4,810,353	3,274,643	8,084,996	-14,145	8,070,851	40.00
43.00	04300	NURSERY	933,717	491,399	1,425,116	-5,834	1,419,282	43.00
44.00	04400	SKILLED NURSING FACILITY	2,536,221	3,368,899	5,905,120	-34,111	5,871,009	44.00
45.00	04500	NURSING FACILITY	0	0	0	570,511	570,511	45.00
46.00	04600	OTHER LONG TERM CARE	1,100,571	801,132	1,901,703	-610,044	1,291,659	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,160,427	162,186,410	196,346,837	-134,785,091	61,561,746	50.00
51.00	05100	RECOVERY ROOM	9,708,089	5,032,211	14,740,300	3,394,874	18,135,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,918,736	2,887,779	7,806,515	-640,798	7,165,717	52.00
53.00	05300	ANESTHESIOLOGY	2,057,107	15,676,845	17,733,952	-2,992,357	14,741,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,703,706	26,893,994	40,597,700	-14,886,464	25,711,236	54.00
54.01	05401	ULTRASOUND	1,122,067	2,218,275	3,340,342	-677,437	2,662,905	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,628,965	26,698,614	34,327,579	-4,849,848	29,477,731	55.00
56.00	05600	RADIOISOTOPE	1,419,264	2,784,025	4,203,289	-1,944,429	2,258,860	56.00
57.00	05700	CT SCAN	2,688,341	2,659,477	5,347,818	-976,167	4,371,651	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,067,350	4,860,930	7,928,280	-1,682,953	6,245,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,192,622	24,471,531	28,664,153	-21,825,915	6,838,238	59.00
60.00	06000	LABORATORY	13,814,513	24,708,272	38,522,785	-658,706	37,864,079	60.00
60.01	06001	HLA LAB	848,261	1,892,625	2,740,886	-46,315	2,694,571	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,166,894	26,390,377	31,557,271	-1,033,776	30,523,495	63.00
65.00	06500	RESPIRATORY THERAPY	8,018,309	6,112,508	14,130,817	-887,644	13,243,173	65.00
66.00	06600	PHYSICAL THERAPY	4,278,788	1,636,678	5,915,466	-26,694	5,888,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,597,977	485,734	2,083,711	-29,905	2,053,806	67.00
68.00	06800	SPEECH PATHOLOGY	606,738	244,043	850,781	-39,284	811,497	68.00
69.00	06900	ELECTROCARDIOLOGY	2,961,923	3,445,972	6,407,895	-1,369,591	5,038,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640,029	825,199	1,465,228	-72,797	1,392,431	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	86,732,218	86,732,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	96,193,934	96,193,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,931,991	1,882,124	3,814,115	-501,596	3,312,519	74.00
76.00	03330	ENDOSCOPY	3,765,402	5,113,050	8,878,452	-2,700,504	6,177,948	76.00
76.01	03950	OB/GYN IN VITRO	487,827	1,511,986	1,999,813	-270,524	1,729,289	76.01
76.02	03320	ELECTROSHOCK THERAPY	242,769	139,001	381,770	-8,391	373,379	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	426,600	426,600	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	77,596	77,596	0	77,596	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,511,694	6,782,988	15,294,682	-1,050,014	14,244,668	90.00
90.01	04950	OUTPATIENT PSYCH	733,499	884,467	1,617,966	-634,253	983,713	90.01
91.00	09100	EMERGENCY	12,542,511	10,427,178	22,969,689	-237,773	22,731,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	779,790	7,567,522	8,347,312	488,838	8,836,150	105.00
106.00	10600	HEART ACQUISITION	495,255	1,925,493	2,420,748	21,678	2,442,426	106.00
107.00	10700	LIVER ACQUISITION	443,112	4,228,763	4,671,875	303,097	4,974,972	107.00
108.00	10800	LUNG ACQUISITION	373,920	3,128,217	3,502,137	273,093	3,775,230	108.00
109.00	10900	PANCREAS ACQUISITION	0	747,176	747,176	27,026	774,202	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	564,905	5,309,941	5,874,846	0	5,874,846	112.00
113.00	11300	INTEREST EXPENSE		14,278,926	14,278,926	0	14,278,926	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	469,171,472	936,329,631	1,405,501,103	17,068,311	1,422,569,414	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	60,329	60,329	11,600	71,929	191.01
191.02	19102	RESEARCH CTSA O/P	0	13,283	13,283	19,600	32,883	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	7,200,060	10,274,875	17,474,935	-450,224	17,024,711	194.00
194.01	07951	RETAIL PHARMACY	3,430,541	17,983,226	21,413,767	-16,649,035	4,764,732	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,021,752	4,046,500	5,068,252	-252	5,068,000	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	480,823,825	968,707,844	1,449,531,669	0	1,449,531,669	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-429,564	13,461,963		1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	-426,556	17,641,423		1.03
1.04	00104	NEW CRC-B&F(GSON)	0	1,627,800		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	1,323,524		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-8,748,649	44,591,486		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,461,771	34,239,499		4.00
5.01	00510	NONPATIENT TELEPHONES	0	1,185,963		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	8,361,455	19,746,544		5.03
5.04	00513	ADMITTING	0	17,327,262		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	148,604,026	226,097,743		5.06
7.00	00700	OPERATION OF PLANT	11,133,296	47,472,689		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,204,123		8.00
9.00	00900	HOUSEKEEPING	-1,209,383	18,893,838		9.00
10.00	01000	DIETARY	-122,141	9,581,604		10.00
11.00	01100	CAFETERIA	-10,372,760	4,543,049		11.00
13.00	01300	NURSING ADMINISTRATION	-3,155,323	40,181,686		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,524,978		14.00
15.00	01500	PHARMACY	-336,952	146,072,473		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,429,290	26,795,019		16.00
17.00	01700	SOCIAL SERVICE	1,000	4,484,620		17.00
18.00	01080	EXTENDED CARE SERVICES	-54,624	1,861,865		18.00
18.01	01851	LAB ADMINISTRATION	500	9,208,805		18.01
18.02	01850	RESEARCH ADMINISTRATION	90,115	90,115		18.02
20.00	02000	NURSING SCHOOL	-18,936,611	-3,807,656		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-2,754,517	109,148,873		21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	216,896		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	-13,273	283,187		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-18,001,339	128,395,577		30.00
31.00	03100	INTENSIVE CARE UNIT	4,436	9,157,366		31.00
32.00	03200	CORONARY CARE UNIT	0	4,596,945		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-2,490	11,559,268		34.00
35.01	02041	NEURO-ICU	-3,650	6,339,510		35.01
35.02	02042	CARDIO-THORACIC ICU	0	8,336,702		35.02
40.00	04000	SUBPROVIDER - IPF	-3,565	8,067,286		40.00
43.00	04300	NURSERY	0	1,419,282		43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,871,009		44.00
45.00	04500	NURSING FACILITY	0	570,511		45.00
46.00	04600	OTHER LONG TERM CARE	-20	1,291,639		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,986,603	59,575,143		50.00
51.00	05100	RECOVERY ROOM	0	18,135,174		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-19,226	7,146,491		52.00
53.00	05300	ANESTHESIOLOGY	-7,822,109	6,919,486		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-796,828	24,914,408		54.00
54.01	05401	ULTRASOUND	-230,687	2,432,218		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,581,206	19,896,525		55.00
56.00	05600	RADIOISOTOPE	-90,468	2,168,392		56.00
57.00	05700	CT SCAN	-558,064	3,813,587		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-593,078	5,652,249		58.00
59.00	05900	CARDIAC CATHETERIZATION	-234,848	6,603,390		59.00
60.00	06000	LABORATORY	-496,740	37,367,339		60.00
60.01	06001	HLA LAB	551,287	3,245,858		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	36,635	30,560,130		63.00
65.00	06500	RESPIRATORY THERAPY	-8,912	13,234,261		65.00
66.00	06600	PHYSICAL THERAPY	-1,488	5,887,284		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,053,806		67.00
68.00	06800	SPEECH PATHOLOGY	-5,570	805,927		68.00
69.00	06900	ELECTROCARDIOLOGY	-141,834	4,896,470		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-160	1,392,271		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-103	86,732,115		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	96,193,934		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-833	-833		73.00
74.00	07400	RENAL DIALYSIS	-28,459	3,284,060		74.00
76.00	03330	ENDOSCOPY	-239,183	5,938,765		76.00
76.01	03950	OB/GYN IN VITRO	-76,585	1,652,704		76.01
76.02	03320	ELECTROSHOCK THERAPY	-1,191	372,188		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	426,600		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	77,596		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-260,259	13,984,409		90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
90.01	04950	OUTPATIENT PSYCH	-748,090	235,623		90.01
91.00	09100	EMERGENCY	-3,050,819	19,681,097		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	8,836,150		105.00
106.00	10600	HEART ACQUISITION	0	2,442,426		106.00
107.00	10700	LIVER ACQUISITION	0	4,974,972		107.00
108.00	10800	LUNG ACQUISITION	0	3,775,230		108.00
109.00	10900	PANCREAS ACQUISITION	0	774,202		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	-96,557	5,778,289		112.00
113.00	11300	INTEREST EXPENSE	-14,278,926	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,894,988	1,500,464,402		118.00
	NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	0		191.00
191.01	19101	RESEARCH CTSA I/P	0	71,929		191.01
191.02	19102	RESEARCH CTSA O/P	0	32,883		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	-12,068	17,012,643		194.00
194.01	07951	RETAIL PHARMACY	0	4,764,732		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,068,000		194.02
194.03	07953	GUEST MEALS	0	0		194.03
200.00		TOTAL (SUM OF LINES 118-199)	77,882,920	1,527,414,589		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet Non-CMS W | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	00103		1.03
1.04	NEW CRC-B&F(GSON)	00104		1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	00105		1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.03	PURCHASING, RECEIVING AND STORES	00512		5.03
5.04	ADMITTING	00513		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	EXTENDED CARE SERVICES	01080		18.00
18.01	LAB ADMINISTRATION	01851		18.01
18.02	RESEARCH ADMINISTRATION	01850		18.02
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.01	PARAMED ED PRGM-PHARMACY	02301		23.01
23.02	PARAMED ED PRGM-PASTORAL ED	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
35.01	NEURO-ICU	02041		35.01
35.02	CARDIO-THORACIC ICU	02042		35.02
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	ULTRASOUND	05401		54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	HLA LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ENDOSCOPY	03330		76.00
76.01	OB/GYN IN VITRO	03950		76.01
76.02	ELECTROSHOCK THERAPY	03320		76.02
76.03	CORNEAL TISSUE ACQUISITION	03951		76.03
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98

COST CENTERS USED IN COST REPORT | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet Non-CMS W | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
90.01	OUTPATIENT PSYCH	04950		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
112.00	OTHER ORGAN ACQ - BONE MARROW	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	19100		191.00
191.01	RESEARCH CTSA I/P	19101		191.01
191.02	RESEARCH CTSA O/P	19102		191.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	RETAIL PHARMACY	07951		194.01
194.02	MARKETING/COMMUNITY RELATIONS	07952		194.02
194.03	GUEST MEALS	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS COST OF DRUGS SOLD					
1.00	PHARMACY	15.00	0	22,214,082		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	TOTALS		0	22,214,082		
	B - RECLASS COST OF MEDICAL SUPPLIES CHA					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	86,732,218		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	86,732,218		
	C - RECLASS COST OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	96,193,934		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/27/2014 9:40 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00		0.00	0	0	9.00
	TOTALS		0	96,193,934	
	D - RECLASS EQUIPMENT DEPRECIATION				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	32,737,830	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
	TOTALS		0	32,737,830	
	E - RECLASS FINANCE ACCRUALS				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	650,524	1.00
	TOTALS		0	650,524	

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - RECLASS WASH U AFFILIATION AGREEMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	55,513,758		1.00
	TOTALS		0	55,513,758		
	G - RECLASS COST OF INTERPRETERS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,109,560	709,356		1.00
	TOTALS		1,109,560	709,356		
	H - RECLASS GAMMA KNIFE COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	920		1.00
2.00	CT SCAN	57.00	0	53,186		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,500		3.00
	TOTALS		0	70,606		
	I - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,976	44,920		1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	78,580	21,175		2.00
	TOTALS		250,556	66,095		
	J - RECLASS FINANCE ACCRUALS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	190,207	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	309,394		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	3,443,003		3.00
4.00	OPERATION OF PLANT	7.00	0	197,426		4.00
	TOTALS		190,207	3,949,823		
	K - RECLASS NURSING FACILITY COSTS					
1.00	NURSING FACILITY	45.00	379,020	191,491		1.00
	TOTALS		379,020	191,491		
	L - RECLASS DIETARY COSTS TO CAFETERIA					
1.00	CAFETERIA	11.00	1,898,194	5,053,321		1.00
	TOTALS		1,898,194	5,053,321		
	M - RECLASS PRE-TRANSPLANT RELATED DIETI					
1.00	KIDNEY ACQUISITION	105.00	922	287		1.00
2.00	HEART ACQUISITION	106.00	12,685	3,946		2.00
3.00	LIVER ACQUISITION	107.00	11,060	3,441		3.00
4.00	LUNG ACQUISITION	108.00	13,588	4,227		4.00
5.00	PANCREAS ACQUISITION	109.00	260	81		5.00
	TOTALS		38,515	11,982		
	N - RECLASS TRANSPLANT SALARIES AND BENE					
1.00	NURSING ADMINISTRATION	13.00	508,355	130,381		1.00
2.00	KIDNEY ACQUISITION	105.00	316,417	85,387		2.00
3.00	LIVER ACQUISITION	107.00	200,345	56,680		3.00
4.00	LUNG ACQUISITION	108.00	174,122	52,202		4.00
5.00	PANCREAS ACQUISITION	109.00	20,842	5,624		5.00
	TOTALS		1,220,081	330,274		
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA					
1.00	KIDNEY ACQUISITION	105.00	66,665	19,160		1.00
2.00	HEART ACQUISITION	106.00	26,393	7,585		2.00
3.00	LIVER ACQUISITION	107.00	24,523	7,048		3.00
4.00	LUNG ACQUISITION	108.00	22,667	6,514		4.00
5.00	PANCREAS ACQUISITION	109.00	170	49		5.00
	TOTALS		140,418	40,356		
	P - RECLASS SALARIES PORTION OF RESEARCH					
1.00	RESEARCH ADMINISTRATION	18.02	68,082	0		1.00
	TOTALS		68,082	0		
	Q - RECLASS BARNARD BUILDING RENTAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,310		1.00
2.00	HOUSEKEEPING	9.00	0	1,762		2.00
3.00	LABORATORY	60.00	0	35,880		3.00
4.00	RESEARCH CTSA I/P	191.01	0	27,181		4.00
5.00	RESEARCH CTSA O/P	191.02	0	24,600		5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	1,956		6.00
	TOTALS		0	93,689		
	R - RECLASS NON-REIMBURSABLE PARKING					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	148,450	1,103,618		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		148,450	1,103,618		

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/27/2014 9:40 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	S - RECLASS CORNEAL TISSUE ACQUISITION C				
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	426,600	1.00
	TOTALS		0	426,600	
	T - RECLASS EXTENDED RECOVERY NURSING SE				
1.00	RECOVERY ROOM	51.00	0	3,528,331	1.00
	TOTALS		0	3,528,331	
	U - RECLASS PHYSICIAN SUITE CLEANING COS				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	134,644	39,421	1.00
	TOTALS		134,644	39,421	
	V - RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,576,914	1.00
	TOTALS		0	1,576,914	
	W - RECLASS RECRUITING BONUSES AND RELOC				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,295	0	1.00
2.00	ADMITTING	5.04	1,200	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	800	0	3.00
4.00	OPERATION OF PLANT	7.00	500	0	4.00
5.00	HOUSEKEEPING	9.00	500	0	5.00
6.00	DIETARY	10.00	200	0	6.00
7.00	NURSING ADMINISTRATION	13.00	1,904	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	500	0	8.00
9.00	PHARMACY	15.00	6,676	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,200	0	10.00
11.00	NURSING SCHOOL	20.00	300	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	33,419	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	9,000	0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	21,100	0	14.00
15.00	CARDIO-THORACIC ICU	35.02	3,600	0	15.00
16.00	SUBPROVIDER - IPF	40.00	1,000	0	16.00
17.00	OPERATING ROOM	50.00	8,419	0	17.00
18.00	RECOVERY ROOM	51.00	100	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	100	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	600	0	20.00
21.00	ULTRASOUND	54.01	500	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	1,200	0	22.00
23.00	RADIOISOTOPE	56.00	500	0	23.00
24.00	LABORATORY	60.00	1,000	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,000	0	25.00
26.00	PHYSICAL THERAPY	66.00	1,500	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,600	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	1,500	0	28.00
29.00	CLINIC	90.00	500	0	29.00
30.00	OUTPATIENT PSYCH	90.01	100	0	30.00
31.00	EMERGENCY	91.00	2,100	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	100	0	32.00
33.00	RETAIL PHARMACY	194.01	100	0	33.00
	TOTALS		104,113	0	
500.00	Grand Total: Increases		5,681,840	311,234,223	500.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS COST OF DRUGS SOLD						
1.00	ADULTS & PEDIATRICS	30.00	0	48,355	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	515	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	164	0		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	233	0		4.00
5.00	NEURO-ICU	35.01	0	1,019	0		5.00
6.00	CARDIO-THORACIC ICU	35.02	0	161	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	177	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	2,754	0		8.00
9.00	OTHER LONG TERM CARE	46.00	0	1,765	0		9.00
10.00	OPERATING ROOM	50.00	0	24,409	0		10.00
11.00	RECOVERY ROOM	51.00	0	17,288	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7	0		12.00
13.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	975,532	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	263,086	0		14.00
15.00	ULTRASOUND	54.01	0	3,680	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	484,152	0		16.00
17.00	RADIOISOTOPE	56.00	0	1,727,488	0		17.00
18.00	CT SCAN	57.00	0	4,922	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,907	0		19.00
20.00	LABORATORY	60.00	0	6,113	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	58,129	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	2,825	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	794,614	0		23.00
24.00	RENAL DIALYSIS	74.00	0	30,758	0		24.00
25.00	ENDOSCOPY	76.00	0	144	0		25.00
26.00	OB/GYN IN VITRO	76.01	0	13,664	0		26.00
27.00	CLINIC	90.00	0	436,042	0		27.00
28.00	OUTPATIENT PSYCH	90.01	0	588,632	0		28.00
29.00	EMERGENCY	91.00	0	23,684	0		29.00
30.00	RESEARCH CTSA I/P	191.01	0	11,610	0		30.00
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	10,126	0		31.00
32.00	RETAIL PHARMACY	194.01	0	16,622,127	0		32.00
	TOTALS		0	22,214,082			
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,532,327	0		1.00
2.00	DIETARY	10.00	0	252,724	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,325,336	0		3.00
4.00	PHARMACY	15.00	0	783,530	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	28,848	0		5.00
6.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	75,784	0		6.00
7.00	NEURO-ICU	35.01	0	2,996	0		7.00
8.00	OPERATING ROOM	50.00	0	48,941,146	0		8.00
9.00	RECOVERY ROOM	51.00	0	62,569	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	561,845	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	2,069,090	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,704,304	0		12.00
13.00	ULTRASOUND	54.01	0	120,172	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	221,873	0		14.00
15.00	CT SCAN	57.00	0	104,475	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,316	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	8,776,405	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	115	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	332,875	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	23,626	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	29,905	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	25,866	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	254,424	0		23.00
24.00	RENAL DIALYSIS	74.00	0	360,024	0		24.00
25.00	ENDOSCOPY	76.00	0	2,016,274	0		25.00
26.00	CLINIC	90.00	0	51,306	0		26.00
27.00	EMERGENCY	91.00	0	64,063	0		27.00
	TOTALS		0	86,732,218			
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	9,150	0		1.00
2.00	OPERATING ROOM	50.00	0	79,062,418	0		2.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,889	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,636,318	0	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,343,344	0	5.00
6.00	CT SCAN	57.00	0	71,551	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	12,328,610	0	7.00
8.00	ENDOSCOPY	76.00	0	511,835	0	8.00
9.00	CLINIC	90.00	0	226,819	0	9.00
	TOTALS		0	96,193,934		
	D - RECLASS EQUIPMENT DEPRECIATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,884	9	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	9,482	0	2.00
3.00	ADMITTING	5.04	0	5,876	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,470,160	0	4.00
5.00	OPERATION OF PLANT	7.00	0	267,379	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	2,404	0	6.00
7.00	HOUSEKEEPING	9.00	0	41,211	0	7.00
8.00	DIETARY	10.00	0	126,754	0	8.00
9.00	CAFETERIA	11.00	0	15,243	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	807,742	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	139,264	0	11.00
12.00	PHARMACY	15.00	0	45,817	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	16,363	0	13.00
14.00	SOCIAL SERVICE	17.00	0	421	0	14.00
15.00	EXTENDED CARE SERVICES	18.00	0	1,271	0	15.00
16.00	LAB ADMINISTRATION	18.01	0	9,508	0	16.00
17.00	NURSING SCHOOL	20.00	0	57,684	0	17.00
18.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	307	0	18.00
19.00	PARAMED ED PRGM-PASTORAL ED	23.02	0	661	0	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	412,671	0	20.00
21.00	INTENSIVE CARE UNIT	31.00	0	30,350	0	21.00
22.00	CORONARY CARE UNIT	32.00	0	22,506	0	22.00
23.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	42,541	0	23.00
24.00	NEURO-ICU	35.01	0	27,875	0	24.00
25.00	CARDIO-THORACIC ICU	35.02	0	9,418	0	25.00
26.00	SUBPROVIDER - IPF	40.00	0	13,968	0	26.00
27.00	NURSERY	43.00	0	5,834	0	27.00
28.00	SKILLED NURSING FACILITY	44.00	0	31,357	0	28.00
29.00	OTHER LONG TERM CARE	46.00	0	37,768	0	29.00
30.00	OPERATING ROOM	50.00	0	4,808,992	0	30.00
31.00	RECOVERY ROOM	51.00	0	53,600	0	31.00
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	75,057	0	32.00
33.00	ANESTHESIOLOGY	53.00	0	779,679	0	33.00
34.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,283,676	0	34.00
35.00	ULTRASOUND	54.01	0	553,585	0	35.00
36.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,079,349	0	36.00
37.00	RADIOISOTOPE	56.00	0	216,941	0	37.00
38.00	CT SCAN	57.00	0	848,405	0	38.00
39.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,629,230	0	39.00
40.00	CARDIAC CATHETERIZATION	59.00	0	720,900	0	40.00
41.00	LABORATORY	60.00	0	688,473	0	41.00
42.00	HLA LAB	60.01	0	46,315	0	42.00
43.00	ANESTHESIOLOGY	53.00	0	143,588	0	43.00
44.00	RESPIRATORY THERAPY	65.00	0	551,944	0	44.00
45.00	PHYSICAL THERAPY	66.00	0	3,068	0	45.00
46.00	SPEECH PATHOLOGY	68.00	0	13,418	0	46.00
47.00	ELECTROCARDIOLOGY	69.00	0	320,553	0	47.00
48.00	ELECTROENCEPHALOGRAPHY	70.00	0	72,797	0	48.00
49.00	RENAL DIALYSIS	74.00	0	110,814	0	49.00
50.00	ENDOSCOPY	76.00	0	172,251	0	50.00
51.00	OB/GYN IN VITRO	76.01	0	256,860	0	51.00
52.00	ELECTROSHOCK THERAPY	76.02	0	8,391	0	52.00
53.00	CLINIC	90.00	0	335,847	0	53.00
54.00	OUTPATIENT PSYCH	90.01	0	45,621	0	54.00
55.00	EMERGENCY	91.00	0	150,026	0	55.00
56.00	HEART ACQUISITION	106.00	0	102	0	56.00
57.00	LUNG ACQUISITION	108.00	0	227	0	57.00
58.00	RESEARCH CTSA I/P	191.01	0	3,971	0	58.00
59.00	RESEARCH CTSA O/P	191.02	0	5,000	0	59.00
60.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	49,271	0	60.00
61.00	RETAIL PHARMACY	194.01	0	26,908	0	61.00

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
62.00	MARKETING/COMMUNITY RELATIONS	194.02	0	252	0		62.00
	TOTALS		0	32,737,830			
	E - RECLASS FINANCE ACCRUALS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	650,524	0		1.00
	TOTALS		0	650,524			
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	55,513,758	0		1.00
	TOTALS		0	55,513,758			
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,109,560	709,356	0		1.00
	TOTALS		1,109,560	709,356			
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	70,606	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	70,606			
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	171,976	44,920	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	78,580	21,175	0		2.00
	TOTALS		250,556	66,095			
	J - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,949,823	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	190,207	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		190,207	3,949,823			
	K - RECLASS NURSING FACILITY COSTS						
1.00	OTHER LONG TERM CARE	46.00	379,020	191,491	0		1.00
	TOTALS		379,020	191,491			
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	DIETARY	10.00	1,898,194	5,053,321	0		1.00
	TOTALS		1,898,194	5,053,321			
	M - RECLASS PRE-TRANSPLANT RELATED DIETI						
1.00	CAFETERIA	11.00	38,515	11,982	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		38,515	11,982			
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	OPERATING ROOM	50.00	1,192,740	328,786	0		1.00
2.00	HEART ACQUISITION	106.00	27,341	1,488	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,220,081	330,274			
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA						
1.00	EXTENDED CARE SERVICES	18.00	140,418	40,356	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		140,418	40,356			
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	0	68,082	0		1.00
	TOTALS		0	68,082			
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	93,689	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	93,689			
	R - RECLASS NON-REIMBURSABLE PARKING						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	432,589	9		1.00
2.00	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	444,420	9		2.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/27/2014 9:40 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,341	9	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	148,450	155,996	0	4.00
5.00	OPERATION OF PLANT	7.00	0	63,272	0	5.00
	TOTALS		148,450	1,103,618		
	S - RECLASS CORNEAL TISSUE ACQUISITION C					
1.00	OPERATING ROOM	50.00	0	426,600	0	1.00
	TOTALS		0	426,600		
	T - RECLASS EXTENDED RECOVERY NURSING SE					
1.00	ADULTS & PEDIATRICS	30.00	0	3,528,331	0	1.00
	TOTALS		0	3,528,331		
	U - RECLASS PHYSICIAN SUITE CLEANING COS					
1.00	HOUSEKEEPING	9.00	134,644	39,421	0	1.00
	TOTALS		134,644	39,421		
	V - RECLASS PROPERTY INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,576,914	0	1.00
	TOTALS		0	1,576,914		
	W - RECLASS RECRUITING BONUSES AND RELOC					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,295	0	1.00
2.00	ADMITTING	5.04	0	1,200	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	800	0	3.00
4.00	OPERATION OF PLANT	7.00	0	500	0	4.00
5.00	HOUSEKEEPING	9.00	0	500	0	5.00
6.00	DIETARY	10.00	0	200	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,904	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	500	0	8.00
9.00	PHARMACY	15.00	0	6,676	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,200	0	10.00
11.00	NURSING SCHOOL	20.00	0	300	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	33,419	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	9,000	0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	21,100	0	14.00
15.00	CARDIO-THORACIC ICU	35.02	0	3,600	0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	1,000	0	16.00
17.00	OPERATING ROOM	50.00	0	8,419	0	17.00
18.00	RECOVERY ROOM	51.00	0	100	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	100	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	600	0	20.00
21.00	ULTRASOUND	54.01	0	500	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,200	0	22.00
23.00	RADIOISOTOPE	56.00	0	500	0	23.00
24.00	LABORATORY	60.00	0	1,000	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,000	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	1,500	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	1,600	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	1,500	0	28.00
29.00	CLINIC	90.00	0	500	0	29.00
30.00	OUTPATIENT PSYCH	90.01	0	100	0	30.00
31.00	EMERGENCY	91.00	0	2,100	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	100	0	32.00
33.00	RETAIL PHARMACY	194.01	0	100	0	33.00
	TOTALS		0	104,113		
500.00	Grand Total: Decreases		5,509,645	311,406,418		500.00

RECLASSIFICATIONS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/27/2014 9:40 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - RECLASS COST OF DRUGS SOLD						
1.00	PHARMACY	15.00	0	ADULTS & PEDIATRICS	30.00	0	1.00
2.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	2.00
3.00		0.00	0	CORONARY CARE UNIT	32.00	0	3.00
4.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	4.00
5.00		0.00	0	NEURO-ICU	35.01	0	5.00
6.00		0.00	0	CARDIO-THORACIC ICU	35.02	0	6.00
7.00		0.00	0	SUBPROVIDER - IPF	40.00	0	7.00
8.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	8.00
9.00		0.00	0	OTHER LONG TERM CARE	46.00	0	9.00
10.00		0.00	0	OPERATING ROOM	50.00	0	10.00
11.00		0.00	0	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	12.00
13.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13.00
14.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14.00
15.00		0.00	0	ULTRASOUND	54.01	0	15.00
16.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	16.00
17.00		0.00	0	RADIOISOTOPE	56.00	0	17.00
18.00		0.00	0	CT SCAN	57.00	0	18.00
19.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	19.00
20.00		0.00	0	LABORATORY	60.00	0	20.00
21.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	21.00
22.00		0.00	0	RESPIRATORY THERAPY	65.00	0	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00	0	RENAL DIALYSIS	74.00	0	24.00
25.00		0.00	0	ENDOSCOPY	76.00	0	25.00
26.00		0.00	0	OB/GYN IN VITRO	76.01	0	26.00
27.00		0.00	0	CLINIC	90.00	0	27.00
28.00		0.00	0	OUTPATIENT PSYCH	90.01	0	28.00
29.00		0.00	0	EMERGENCY	91.00	0	29.00
30.00		0.00	0	RESEARCH CTSA I/P	191.01	0	30.00
31.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	31.00
32.00		0.00	0	RETAIL PHARMACY	194.01	0	32.00
	TOTALS		0	TOTALS		0	
	B - RECLASS COST OF MEDICAL SUPPLIES CHA						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	1.00
2.00		0.00	0	DIETARY	10.00	0	2.00
3.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00	0	PHARMACY	15.00	0	4.00
5.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	5.00
6.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	6.00
7.00		0.00	0	NEURO-ICU	35.01	0	7.00
8.00		0.00	0	OPERATING ROOM	50.00	0	8.00
9.00		0.00	0	RECOVERY ROOM	51.00	0	9.00
10.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	10.00
11.00		0.00	0	ANESTHESIOLOGY	53.00	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	ULTRASOUND	54.01	0	13.00
14.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	14.00
15.00		0.00	0	CT SCAN	57.00	0	15.00
16.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16.00
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	17.00
18.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	18.00
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0	19.00
20.00		0.00	0	PHYSICAL THERAPY	66.00	0	20.00
21.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	21.00
22.00		0.00	0	SPEECH PATHOLOGY	68.00	0	22.00
23.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	23.00
24.00		0.00	0	RENAL DIALYSIS	74.00	0	24.00
25.00		0.00	0	ENDOSCOPY	76.00	0	25.00
26.00		0.00	0	CLINIC	90.00	0	26.00
27.00		0.00	0	EMERGENCY	91.00	0	27.00
	TOTALS		0	TOTALS		0	
	C - RECLASS COST OF IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	PURCHASING, RECEIVING AND STORES	5.03	0	1.00
2.00		0.00	0	OPERATING ROOM	50.00	0	2.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
3.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	3.00
4.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	4.00
5.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	5.00
6.00		0.00	0	CT SCAN	57.00	0	6.00
7.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	7.00
8.00		0.00	0	ENDOSCOPY	76.00	0	8.00
9.00		0.00	0	CLINIC	90.00	0	9.00
	TOTALS		0	TOTALS		0	
	D - RECLASS EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	0	NONPATIENT TELEPHONES	5.01	0	2.00
3.00		0.00	0	ADMITTING	5.04	0	3.00
4.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0	5.00
6.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	6.00
7.00		0.00	0	HOUSEKEEPING	9.00	0	7.00
8.00		0.00	0	DIETARY	10.00	0	8.00
9.00		0.00	0	CAFETERIA	11.00	0	9.00
10.00		0.00	0	NURSING ADMINISTRATION	13.00	0	10.00
11.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00		0.00	0	PHARMACY	15.00	0	12.00
13.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	13.00
14.00		0.00	0	SOCIAL SERVICE	17.00	0	14.00
15.00		0.00	0	EXTENDED CARE SERVICES	18.00	0	15.00
16.00		0.00	0	LAB ADMINISTRATION	18.01	0	16.00
17.00		0.00	0	NURSING SCHOOL	20.00	0	17.00
18.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	18.00
19.00		0.00	0	PARAMED ED PRGM-PASTORAL ED	23.02	0	19.00
20.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	20.00
21.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	21.00
22.00		0.00	0	CORONARY CARE UNIT	32.00	0	22.00
23.00		0.00	0	SURGICAL INTENSIVE CARE UNIT	34.00	0	23.00
24.00		0.00	0	NEURO-ICU	35.01	0	24.00
25.00		0.00	0	CARDIO-THORACIC ICU	35.02	0	25.00
26.00		0.00	0	SUBPROVIDER - IPF	40.00	0	26.00
27.00		0.00	0	NURSERY	43.00	0	27.00
28.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	28.00
29.00		0.00	0	OTHER LONG TERM CARE	46.00	0	29.00
30.00		0.00	0	OPERATING ROOM	50.00	0	30.00
31.00		0.00	0	RECOVERY ROOM	51.00	0	31.00
32.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	32.00
33.00		0.00	0	ANESTHESIOLOGY	53.00	0	33.00
34.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
35.00		0.00	0	ULTRASOUND	54.01	0	35.00
36.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	36.00
37.00		0.00	0	RADIOISOTOPE	56.00	0	37.00
38.00		0.00	0	CT SCAN	57.00	0	38.00
39.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	39.00
40.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	40.00
41.00		0.00	0	LABORATORY	60.00	0	41.00
42.00		0.00	0	HLA LAB	60.01	0	42.00
43.00		0.00	0	ANESTHESIOLOGY	53.00	0	43.00
44.00		0.00	0	RESPIRATORY THERAPY	65.00	0	44.00
45.00		0.00	0	PHYSICAL THERAPY	66.00	0	45.00
46.00		0.00	0	SPEECH PATHOLOGY	68.00	0	46.00
47.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	47.00
48.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	48.00
49.00		0.00	0	RENAL DIALYSIS	74.00	0	49.00
50.00		0.00	0	ENDOSCOPY	76.00	0	50.00
51.00		0.00	0	OB/GYN IN VITRO	76.01	0	51.00
52.00		0.00	0	ELECTROSHOCK THERAPY	76.02	0	52.00
53.00		0.00	0	CLINIC	90.00	0	53.00
54.00		0.00	0	OUTPATIENT PSYCH	90.01	0	54.00
55.00		0.00	0	EMERGENCY	91.00	0	55.00
56.00		0.00	0	HEART ACQUISITION	106.00	0	56.00
57.00		0.00	0	LUNG ACQUISITION	108.00	0	57.00
58.00		0.00	0	RESEARCH CTSA I/P	191.01	0	58.00
59.00		0.00	0	RESEARCH CTSA O/P	191.02	0	59.00
60.00		0.00	0	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	60.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
61.00		0.00	0	RETAIL PHARMACY	194.01	0	61.00
62.00		0.00	0	MARKETING/COMMUNITY RELATIONS	194.02	0	62.00
	TOTALS		0	TOTALS		0	
	E - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	RADIOLOGY-THERAPEUTIC	55.00	0	1.00
	TOTALS		0	TOTALS		0	
	F - RECLASS WASH U AFFILIATION AGREEMENT						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	G - RECLASS COST OF INTERPRETERS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,109,560	OTHER NONREIMBURSABLE COST CENTERS	194.00	1,109,560	1.00
	TOTALS		1,109,560	TOTALS		1,109,560	
	H - RECLASS GAMMA KNIFE COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	RADIOLOGY-THERAPEUTIC	55.00	0	1.00
2.00	CT SCAN	57.00	0		0.00	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	I - RECLASS PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-PHARMACY	23.01	171,976	PHARMACY	15.00	171,976	1.00
2.00	PARAMED ED PRGM-PASTORAL ED	23.02	78,580	OTHER ADMINISTRATIVE AND GENERAL	5.06	78,580	2.00
	TOTALS		250,556	TOTALS		250,556	
	J - RECLASS FINANCE ACCRUALS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	190,207	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	190,207	2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0		0.00	0	3.00
4.00	OPERATION OF PLANT	7.00	0		0.00	0	4.00
	TOTALS		190,207	TOTALS		190,207	
	K - RECLASS NURSING FACILITY COSTS						
1.00	NURSING FACILITY	45.00	379,020	OTHER LONG TERM CARE	46.00	379,020	1.00
	TOTALS		379,020	TOTALS		379,020	
	L - RECLASS DIETARY COSTS TO CAFETERIA						
1.00	CAFETERIA	11.00	1,898,194	DIETARY	10.00	1,898,194	1.00
	TOTALS		1,898,194	TOTALS		1,898,194	
	M - RECLASS PRE-TRANSPLANT RELATED DIETI						
1.00	KIDNEY ACQUISITION	105.00	922	CAFETERIA	11.00	38,515	1.00
2.00	HEART ACQUISITION	106.00	12,685		0.00	0	2.00
3.00	LIVER ACQUISITION	107.00	11,060		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	13,588		0.00	0	4.00
5.00	PANCREAS ACQUISITION	109.00	260		0.00	0	5.00
	TOTALS		38,515	TOTALS		38,515	
	N - RECLASS TRANSPLANT SALARIES AND BENE						
1.00	NURSING ADMINISTRATION	13.00	508,355	OPERATING ROOM	50.00	1,192,740	1.00
2.00	KIDNEY ACQUISITION	105.00	316,417	HEART ACQUISITION	106.00	27,341	2.00
3.00	LIVER ACQUISITION	107.00	200,345		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	174,122		0.00	0	4.00
5.00	PANCREAS ACQUISITION	109.00	20,842		0.00	0	5.00
	TOTALS		1,220,081	TOTALS		1,220,081	
	O - RECLASS PRE-TRANSPLANT RELATED SOCIA						
1.00	KIDNEY ACQUISITION	105.00	66,665	EXTENDED CARE SERVICES	18.00	140,418	1.00
2.00	HEART ACQUISITION	106.00	26,393		0.00	0	2.00
3.00	LIVER ACQUISITION	107.00	24,523		0.00	0	3.00
4.00	LUNG ACQUISITION	108.00	22,667		0.00	0	4.00
5.00	PANCREAS ACQUISITION	109.00	170		0.00	0	5.00
	TOTALS		140,418	TOTALS		140,418	
	P - RECLASS SALARIES PORTION OF RESEARCH						
1.00	RESEARCH ADMINISTRATION	18.02	68,082	RESEARCH ADMINISTRATION	18.02	0	1.00
	TOTALS		68,082	TOTALS		0	
	Q - RECLASS BARNARD BUILDING RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
2.00	HOUSEKEEPING	9.00	0		0.00	0	2.00
3.00	LABORATORY	60.00	0		0.00	0	3.00
4.00	RESEARCH CTSA I/P	191.01	0		0.00	0	4.00
5.00	RESEARCH CTSA O/P	191.02	0		0.00	0	5.00
6.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0		0.00	0	6.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	TOTALS		0	TOTALS		0	
	R - RECLASS NON-REIMBURSABLE PARKING						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	148,450	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00		0.00	0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	2.00
3.00		0.00	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3.00
4.00		0.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	148,450	4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0	5.00
	TOTALS		148,450	TOTALS		148,450	
	S - RECLASS CORNEAL TISSUE ACQUISITION C						
1.00	CORNEAL TISSUE ACQUISITION	76.03	0	OPERATING ROOM	50.00	0	1.00
	TOTALS		0	TOTALS		0	
	T - RECLASS EXTENDED RECOVERY NURSING SE						
1.00	RECOVERY ROOM	51.00	0	ADULTS & PEDIATRICS	30.00	0	1.00
	TOTALS		0	TOTALS		0	
	U - RECLASS PHYSICIAN SUITE CLEANING COS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	134,644	HOUSEKEEPING	9.00	134,644	1.00
	TOTALS		134,644	TOTALS		134,644	
	V - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	W - RECLASS RECRUITING BONUSES AND RELOC						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,295	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	ADMITTING	5.04	1,200	ADMITTING	5.04	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3.00
4.00	OPERATION OF PLANT	7.00	500	OPERATION OF PLANT	7.00	0	4.00
5.00	HOUSEKEEPING	9.00	500	HOUSEKEEPING	9.00	0	5.00
6.00	DIETARY	10.00	200	DIETARY	10.00	0	6.00
7.00	NURSING ADMINISTRATION	13.00	1,904	NURSING ADMINISTRATION	13.00	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	500	CENTRAL SERVICES & SUPPLY	14.00	0	8.00
9.00	PHARMACY	15.00	6,676	PHARMACY	15.00	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,200	MEDICAL RECORDS & LIBRARY	16.00	0	10.00
11.00	NURSING SCHOOL	20.00	300	NURSING SCHOOL	20.00	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	33,419	ADULTS & PEDIATRICS	30.00	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	9,000	INTENSIVE CARE UNIT	31.00	0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	34.00	21,100	SURGICAL INTENSIVE CARE UNIT	34.00	0	14.00
15.00	CARDIO-THORACIC ICU	35.02	3,600	CARDIO-THORACIC ICU	35.02	0	15.00
16.00	SUBPROVIDER - IPF	40.00	1,000	SUBPROVIDER - IPF	40.00	0	16.00
17.00	OPERATING ROOM	50.00	8,419	OPERATING ROOM	50.00	0	17.00
18.00	RECOVERY ROOM	51.00	100	RECOVERY ROOM	51.00	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	100	DELIVERY ROOM & LABOR ROOM	52.00	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	600	RADIOLOGY-DIAGNOSTIC	54.00	0	20.00
21.00	ULTRASOUND	54.01	500	ULTRASOUND	54.01	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	1,200	RADIOLOGY-THERAPEUTIC	55.00	0	22.00
23.00	RADIOISOTOPE	56.00	500	RADIOISOTOPE	56.00	0	23.00
24.00	LABORATORY	60.00	1,000	LABORATORY	60.00	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,000	BLOOD STORING, PROCESSING & TRANS.	63.00	0	25.00
26.00	PHYSICAL THERAPY	66.00	1,500	PHYSICAL THERAPY	66.00	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	1,600	OCCUPATIONAL THERAPY	67.00	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	1,500	ELECTROCARDIOLOGY	69.00	0	28.00
29.00	CLINIC	90.00	500	CLINIC	90.00	0	29.00
30.00	OUTPATIENT PSYCH	90.01	100	OUTPATIENT PSYCH	90.01	0	30.00
31.00	EMERGENCY	91.00	2,100	EMERGENCY	91.00	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	100	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	32.00
33.00	RETAIL PHARMACY	194.01	100	RETAIL PHARMACY	194.01	0	33.00
	TOTALS		104,113	TOTALS		0	
500.00	Grand Total: Increases		5,681,840	Grand Total: Decreases		5,509,645	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I Date/Time Prepared: 5/27/2014 9:40 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	20,677,877	0	0	0	0	1.00
2.00	Land Improvements	13,994,965	3,451,613	0	3,451,613	59,602	2.00
3.00	Buildings and Fixtures	472,369,467	95,796,962	0	95,796,962	90,734	3.00
4.00	Building Improvements	16,432,916	0	0	0	0	4.00
5.00	Fixed Equipment	561,832,962	2,302,391	0	2,302,391	391,564	5.00
6.00	Movable Equipment	546,452,914	69,297,865	0	69,297,865	3,299,743	6.00
7.00	HIT designated Assets	0	7,395,703	0	7,395,703	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,631,761,101	178,244,534	0	178,244,534	3,841,643	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,631,761,101	178,244,534	0	178,244,534	3,841,643	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	20,677,877	0	1.00
2.00	Land Improvements	17,386,976	3,082,487	2.00
3.00	Buildings and Fixtures	568,075,695	99,241,927	3.00
4.00	Building Improvements	16,432,916	8,402,189	4.00
5.00	Fixed Equipment	563,743,789	232,387,792	5.00
6.00	Movable Equipment	612,451,036	337,519,427	6.00
7.00	HIT designated Assets	7,395,703	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,806,163,992	680,633,822	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,806,163,992	680,633,822	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,735,488	0	0	0	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	18,098,404	0	0	0	0	1.03
1.04	NEW CRC-B&F(GSON)	1,596,166	0	0	0	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	1,323,524	0	0	0	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	20,066,989	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	54,820,571	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	13,735,488	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	18,098,404	1.03
1.04	NEW CRC-B&F(GSON)	0	1,596,166	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	1,323,524	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	20,066,989	2.00
3.00	Total (sum of lines 1-2)	0	54,820,571	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	666,482,801	0	666,482,801	0.373278	588,628	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	468,752,825	0	468,752,825	0.262535	413,995	1.03
1.04	NEW CRC-B&F(GSON)	35,818,932	0	35,818,932	0.020061	31,634	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0.000000	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	614,431,557	0	614,431,557	0.344126	542,657	2.00
3.00	Total (sum of lines 1-2)	1,785,486,115	0	1,785,486,115	1.000000	1,576,914	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	588,628	12,873,335	0	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	0	413,995	17,227,428	0	1.03
1.04	NEW CRC-B&F(GSON)	0	0	31,634	1,596,166	0	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	1,323,524	0	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	542,657	44,048,829	0	2.00
3.00	Total (sum of lines 1-2)	0	0	1,576,914	77,069,282	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	588,628	0	0	13,461,963	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	0	413,995	0	0	17,641,423	1.03
1.04	NEW CRC-B&F(GSON)	0	31,634	0	0	1,627,800	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	0	1,323,524	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	542,657	0	0	44,591,486	2.00
3.00	Total (sum of lines 1-2)	0	1,576,914	0	0	78,646,196	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.03	Investment income - NEW CRC-B&F(BJH CAMP EXP) (chapter 2)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	1.03
1.04	Investment income - NEW CRC-B&F(GSON) (chapter 2)		0	NEW CRC-B&F(GSON)	1.04	0	1.04
1.05	Investment income - NEW CRC-B&F(THE HIGHLANDS) (chapter 2)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	1.05
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-14,278,926	INTEREST EXPENSE	113.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-1,177,716	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-30,974,400			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	128,173,414			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-9,770,604	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.03	Depreciation - NEW CRC-B&F(BJH CAMP EXP)		0	NEW CRC-B&F(BJH CAMP EXP)	1.03	0	26.03
26.04	Depreciation - NEW CRC-B&F(GSON)		0	NEW CRC-B&F(GSON)	1.04	0	26.04
26.05	Depreciation - NEW CRC-B&F(THE HIGHLANDS)		0	NEW CRC-B&F(THE HIGHLANDS)	1.05	0	26.05

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER REVENUE	B	-1,032,637	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	OTHER REVENUE	B	2,253	OPERATION OF PLANT	7.00	0	33.01
33.02	OTHER REVENUE	B	-117,203	DIETARY	10.00	0	33.02
33.03	OTHER REVENUE	B	-600,390	CAFETERIA	11.00	0	33.03
33.04	OTHER REVENUE	B	-15,796	NURSING ADMINISTRATION	13.00	0	33.04
33.05	OTHER REVENUE	B	-171,259	PHARMACY	15.00	0	33.05
33.06	OTHER REVENUE	B	-1,370,383	MEDICAL RECORDS & LIBRARY	16.00	0	33.06
33.07	OTHER REVENUE	B	-7,546	EXTENDED CARE SERVICES	18.00	0	33.07
33.08	OTHER REVENUE	B	-2,754,089	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.08
33.09	OTHER REVENUE	B	-13,231	PARAMED ED PRGM-PASTORAL ED	23.02	0	33.09
33.10	OTHER REVENUE	B	-907,243	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	OTHER REVENUE	B	5,176	INTENSIVE CARE UNIT	31.00	0	33.11
33.13	OTHER REVENUE	B	-155,623	OPERATING ROOM	50.00	0	33.13
33.14	OTHER REVENUE	B	-12,590	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	OTHER REVENUE	B	-450,691	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	OTHER REVENUE	B	-194,920	ULTRASOUND	54.01	0	33.16
33.17	OTHER REVENUE	B	-200,000	RADIOLOGY-THERAPEUTIC	55.00	0	33.17
33.18	OTHER REVENUE	B	-86,888	RADIOISOTOPE	56.00	0	33.18
33.19	OTHER REVENUE	B	-556,934	CT SCAN	57.00	0	33.19
33.20	OTHER REVENUE	B	-140,685	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.20
33.21	OTHER REVENUE	B	-1,000	RESPIRATORY THERAPY	65.00	0	33.21
33.24	OTHER REVENUE	B	-17,701	ELECTROCARDIOLOGY	69.00	0	33.24
33.25	OTHER REVENUE	B	-71,462	OB/GYN IN VITRO	76.01	0	33.25
33.27	OTHER REVENUE	B	-66,257	EMERGENCY	91.00	0	33.27
33.30	OTHER REVENUE	B	-96,557	OTHER ORGAN ACQ - BONE MARROW	112.00	0	33.30
33.32	OTHER REVENUE	B	-20,440,316	NURSING SCHOOL	20.00	0	33.32
33.33	RESEARCH ADMINISTRATIVE COSTS	A	90,115	RESEARCH ADMINISTRATION	18.02	0	33.33
35.00	FINANCE ACCRUALS - NON-ALLOWBLE EXP	A	-26,333,003	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00	ALLOWABLE FRA COSTS	A	88,187,786	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
39.00	REMOVE ESTIMATED DEPRECIATION	A	-9,014,428	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	39.00
39.01	REMOVE ESTIMATED DEPRECIATION	A	-3,599	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.01
39.02	REMOVE ESTIMATED DEPRECIATION	A	-406,482	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.02
39.03	REMOVE ESTIMATED DEPRECIATION	A	17	OPERATION OF PLANT	7.00	0	39.03
39.04	REMOVE ESTIMATED DEPRECIATION	A	-5,702	HOUSEKEEPING	9.00	0	39.04
39.05	REMOVE ESTIMATED DEPRECIATION	A	-4,919	DIETARY	10.00	0	39.05
39.06	REMOVE ESTIMATED DEPRECIATION	A	-1,766	CAFETERIA	11.00	0	39.06
39.07	REMOVE ESTIMATED DEPRECIATION	A	-48,227	NURSING ADMINISTRATION	13.00	0	39.07
39.08	REMOVE ESTIMATED DEPRECIATION	A	-12,177	PHARMACY	15.00	0	39.08
39.09	REMOVE ESTIMATED DEPRECIATION	A	-19,640	MEDICAL RECORDS & LIBRARY	16.00	0	39.09
39.10	REMOVE ESTIMATED DEPRECIATION	A	-75,209	NURSING SCHOOL	20.00	0	39.10
39.11	REMOVE ESTIMATED DEPRECIATION	A	-12,154	ADULTS & PEDIATRICS	30.00	0	39.11
39.12	REMOVE ESTIMATED DEPRECIATION	A	-1,740	INTENSIVE CARE UNIT	31.00	0	39.12
39.13	REMOVE ESTIMATED DEPRECIATION	A	-2,490	SURGICAL INTENSIVE CARE UNIT	34.00	0	39.13
39.14	REMOVE ESTIMATED DEPRECIATION	A	-3,650	NEURO-ICU	35.01	0	39.14
39.15	REMOVE ESTIMATED DEPRECIATION	A	-3,565	SUBPROVIDER - IPF	40.00	0	39.15
39.16	REMOVE ESTIMATED DEPRECIATION	A	-187,686	OPERATING ROOM	50.00	0	39.16
39.17	REMOVE ESTIMATED DEPRECIATION	A	-6,636	DELIVERY ROOM & LABOR ROOM	52.00	0	39.17
39.18	REMOVE ESTIMATED DEPRECIATION	A	-22,956	ANESTHESIOLOGY	53.00	0	39.18

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
39.19	REMOVE ESTIMATED DEPRECIATION	A	-256,352	RADIOLOGY-DIAGNOSTIC	54.00	0	39.19
39.20	REMOVE ESTIMATED DEPRECIATION	A	-35,767	ULTRASOUND	54.01	0	39.20
39.21	REMOVE ESTIMATED DEPRECIATION	A	-1,437,401	RADIOLOGY-THERAPEUTIC	55.00	0	39.21
39.22	REMOVE ESTIMATED DEPRECIATION	A	-3,580	RADIOISOTOPE	56.00	0	39.22
39.23	REMOVE ESTIMATED DEPRECIATION	A	-1,130	CT SCAN	57.00	0	39.23
39.24	REMOVE ESTIMATED DEPRECIATION	A	-452,393	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	39.24
39.25	REMOVE ESTIMATED DEPRECIATION	A	-168,475	CARDIAC CATHETERIZATION	59.00	0	39.25
39.26	REMOVE ESTIMATED DEPRECIATION	A	-132,190	LABORATORY	60.00	0	39.26
39.27	REMOVE ESTIMATED DEPRECIATION	A	-3,251	HLA LAB	60.01	0	39.27
39.28	REMOVE ESTIMATED DEPRECIATION	A	-11,755	BLOOD STORING, PROCESSING & TRANS.	63.00	0	39.28
39.29	REMOVE ESTIMATED DEPRECIATION	A	-5,417	RESPIRATORY THERAPY	65.00	0	39.29
39.30	REMOVE ESTIMATED DEPRECIATION	A	-854	PHYSICAL THERAPY	66.00	0	39.30
39.31	REMOVE ESTIMATED DEPRECIATION	A	-3,283	SPEECH PATHOLOGY	68.00	0	39.31
39.32	REMOVE ESTIMATED DEPRECIATION	A	-109,553	ELECTROCARDIOLOGY	69.00	0	39.32
39.33	REMOVE ESTIMATED DEPRECIATION	A	-28,459	RENAL DIALYSIS	74.00	0	39.33
39.34	REMOVE ESTIMATED DEPRECIATION	A	-239,183	ENDOSCOPY	76.00	0	39.34
39.35	REMOVE ESTIMATED DEPRECIATION	A	-1,191	ELECTROSHOCK THERAPY	76.02	0	39.35
39.36	REMOVE ESTIMATED DEPRECIATION	A	-260,259	CLINIC	90.00	0	39.36
39.37	REMOVE ESTIMATED DEPRECIATION	A	-38,419	OUTPATIENT PSYCH	90.01	0	39.37
39.38	REMOVE ESTIMATED DEPRECIATION	A	-36,339	EMERGENCY	91.00	0	39.38
39.39	REMOVE ESTIMATED DEPRECIATION	A	-12,068	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	39.39
40.00	RESEARCH ANCILLARY COSTS	A	-3,805	LABORATORY	60.00	0	40.00
40.01	RESEARCH ANCILLARY COSTS	A	-103	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	40.01
40.02	RESEARCH ANCILLARY COSTS	A	-833	DRUGS CHARGED TO PATIENTS	73.00	0	40.02
41.00	PATIENT PHONES	A	-266,922	ADULTS & PEDIATRICS	30.00	0	41.00
41.01	PATIENT PHONES	A	-20,711	EXTENDED CARE SERVICES	18.00	0	41.01
42.00	BAD DEBTS	A	-55,506	NURSING SCHOOL	20.00	0	42.00
43.00	MALPRACTICE EXP	A	-4,455,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	WASH UNIV ASSESSMENTS	A	-262,651	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	LOBBYING PORTION OF DUES	A	-271,930	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01	LOBBYING PORTION OF DUES	A	-681	EXTENDED CARE SERVICES	18.00	0	45.01
45.02	LOBBYING PORTION OF DUES	A	-160	ELECTROENCEPHALOGRAPHY	70.00	0	45.02
45.03	NONALLOWABLE INTERN/RESIDENT COSTS	A	-167,400	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.03
45.04	NONALLOWABLE INTERN/RESIDENT COSTS	A	-29,445	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.04
45.06	NONALLOWABLE INTERN/RESIDENT COSTS	A	-5,555	MEDICAL RECORDS & LIBRARY	16.00	0	45.06
45.07	NONALLOWABLE INTERN/RESIDENT COSTS	A	-1,547,024	ADULTS & PEDIATRICS	30.00	0	45.07
45.08	NONALLOWABLE INTERN/RESIDENT COSTS	A	-9	EMERGENCY	91.00	0	45.08
45.09	ENTERTAINMENT/PROMOTION EXP	A	-16,700	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.10	ENTERTAINMENT/PROMOTION EXP	A	-2,442	OPERATION OF PLANT	7.00	0	45.10
45.11	ENTERTAINMENT/PROMOTION EXP	A	-19	DIETARY	10.00	0	45.11
45.12	ENTERTAINMENT/PROMOTION EXP	A	-2,001	NURSING ADMINISTRATION	13.00	0	45.12
45.13	ENTERTAINMENT/PROMOTION EXP	A	-10,090	EXTENDED CARE SERVICES	18.00	0	45.13
45.14	ENTERTAINMENT/PROMOTION EXP	A	-2,048	NURSING SCHOOL	20.00	0	45.14
45.15	ENTERTAINMENT/PROMOTION EXP	A	-28	ADULTS & PEDIATRICS	30.00	0	45.15
45.16	ENTERTAINMENT/PROMOTION EXP	A	-1,977	OPERATING ROOM	50.00	0	45.16
45.17	ENTERTAINMENT/PROMOTION EXP	A	-100	RADIOLOGY-DIAGNOSTIC	54.00	0	45.17
45.19	ENTERTAINMENT/PROMOTION EXP	A	-195	RESPIRATORY THERAPY	65.00	0	45.19
45.20	ENTERTAINMENT/PROMOTION EXP	A	-14,580	ELECTROCARDIOLOGY	69.00	0	45.20
45.21	ENTERTAINMENT/PROMOTION EXP	A	-275	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.21
45.31	ECF LAB	A	-49,806	LABORATORY	60.00	0	45.31
45.32	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-654,556	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.32
45.33	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-426,556	NEW CRC-B&F(BJH CAMP EXP)	1.03	9	45.33
45.34	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-2,096,325	OPERATION OF PLANT	7.00	0	45.34

ADJUSTMENTS TO EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
45.35	SQ FTG COSTS TO BJC HO, BJC HC, SLCH	A	-1,201,919	HOUSEKEEPING	9.00	0	45.35
45.37	ADVERTISING EXPENSE	A	-9,100	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.37
45.40	ADVERTISING EXPENSE	A	-14,734	EXTENDED CARE SERVICES	18.00	0	45.40
45.41	ADVERTISING EXPENSE	A	-159,906	NURSING SCHOOL	20.00	0	45.41
45.43	ADVERTISING EXPENSE	A	-90,485	RADIOLOGY-DIAGNOSTIC	54.00	0	45.43
45.44	ADVERTISING EXPENSE	A	-5,123	OB/GYN IN VITRO	76.01	0	45.44
45.45	ADVERTISING EXPENSE	A	-196,054	NURSING ADMINISTRATION	13.00	0	45.45
45.47	PHYSICIAN RECRUITMENT	A	-204,812	NURSING ADMINISTRATION	13.00	0	45.47
45.48	PHYSICIAN RECRUITMENT	A	-428	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45.48
45.49	SPEC EVENTS-NONALLOWABLE	A	-8,064	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.49
45.50	SPEC EVENTS-NONALLOWABLE	A	-380	PURCHASING, RECEIVING AND STORES	5.03	0	45.50
45.51	SPEC EVENTS-NONALLOWABLE	A	-356,105	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
45.52	SPEC EVENTS-NONALLOWABLE	A	-28,082	NURSING ADMINISTRATION	13.00	0	45.52
45.53	SPEC EVENTS-NONALLOWABLE	A	1,000	PHARMACY	15.00	0	45.53
45.54	SPEC EVENTS-NONALLOWABLE	A	1,500	MEDICAL RECORDS & LIBRARY	16.00	0	45.54
45.55	SPEC EVENTS-NONALLOWABLE	A	1,000	SOCIAL SERVICE	17.00	0	45.55
45.56	SPEC EVENTS-NONALLOWABLE	A	-862	EXTENDED CARE SERVICES	18.00	0	45.56
45.57	SPEC EVENTS-NONALLOWABLE	A	500	LAB ADMINISTRATION	18.01	0	45.57
45.58	SPEC EVENTS-NONALLOWABLE	A	-32,239	NURSING SCHOOL	20.00	0	45.58
45.59	SPEC EVENTS-NONALLOWABLE	A	-42	PARAMED ED PRGM-PASTORAL ED	23.02	0	45.59
45.60	SPEC EVENTS-NONALLOWABLE	A	1,019	ADULTS & PEDIATRICS	30.00	0	45.60
45.61	SPEC EVENTS-NONALLOWABLE	A	1,000	INTENSIVE CARE UNIT	31.00	0	45.61
46.00	SPEC EVENTS-NONALLOWABLE	A	1,342	OPERATING ROOM	50.00	0	46.00
46.01	SPEC EVENTS-NONALLOWABLE	A	800	RADIOLOGY-DIAGNOSTIC	54.00	0	46.01
46.02	SPEC EVENTS-NONALLOWABLE	A	1,000	LABORATORY	60.00	0	46.02
46.03	SPEC EVENTS-NONALLOWABLE	A	-2,300	RESPIRATORY THERAPY	65.00	0	46.03
46.04	SPEC EVENTS-NONALLOWABLE	A	-634	PHYSICAL THERAPY	66.00	0	46.04
46.05	SPEC EVENTS-NONALLOWABLE	A	-2,287	SPEECH PATHOLOGY	68.00	0	46.05
46.06	SPEC EVENTS-NONALLOWABLE	A	-18,061	EMERGENCY	91.00	0	46.06
47.00	STL CARDS	A	-5,134	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	47.00
47.01	STL CARDS	A	-4,625	NURSING ADMINISTRATION	13.00	0	47.01
47.02	STL CARDS	A	-9,000	BLOOD STORING, PROCESSING & TRANS.	63.00	0	47.02
47.03	ALLOWABLE PENSION EXP/FUNDING	A	-33,175	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.03
47.04	ADJUST BARNARD BLDG RENTAL EXPENSE	A	-2,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	47.04
47.05	ADJUST BARNARD BLDG RENTAL EXPENSE	A	-1,762	HOUSEKEEPING	9.00	0	47.05
47.06	ADJUST BARNARD BLDG RENTAL EXPENSE	A	-35,880	LABORATORY	60.00	0	47.06
48.00	PSYCH IC BENEFIT ADJUSTMENT	A	-709,671	OUTPATIENT PSYCH	90.01	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		77,882,920				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/27/2014 9:40 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	60.00	LABORATORY	AFFILIATE BILLING TO BJC FAC	-2,059,309	-2,656,500	1.00
2.00	60.01	HLA LAB	AFFILIATE BILLING TO BJC FAC	-236,051	-790,589	2.00
3.00	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO BJC FAC	-87,433	-150,770	3.00
4.00	60.00	LABORATORY	AFFILIATE BILLING TO REHAB I	-482,246	-284,526	4.00
4.01	63.00	BLOOD STORING, PROCESSING &	AFFILIATE BILLING TO REHAB I	-49,379	-43,432	4.01
4.02	50.00	OPERATING ROOM	MIDWEST STONE	532,743	838,882	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	3,635,852	4,133,999	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	GAMMA KNIFE DEPR - B&F	224,992	0	4.04
4.05	2.00	NEW CAP REL COSTS-MVBLE EQUI	GAMMA KNIFE DEPR - MME	265,779	0	4.05
4.06	55.00	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,760,066	9,703,871	4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	17,903,300	0	4.07
4.08	5.03	PURCHASING, RECEIVING AND ST	BJC PURCHASING	8,361,835	0	4.08
4.09	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A & G	93,039,419	-1,779,091	4.09
4.10	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	13,229,793	0	4.10
4.11	60.00	LABORATORY	SLCH AFFILIATE BILLINGS	734,741	1,410,271	4.11
4.12	59.00	CARDIAC CATHETERIZATION	SLCH AFFILIATE BILLINGS	151,465	217,838	4.12
4.13	5.06	OTHER ADMINISTRATIVE AND GEN	SLCH AFFILIATE BILLINGS	39,229	20,042	4.13
4.14	20.00	NURSING SCHOOL	MO BAP BUILDING RENT	2,609,813	781,200	4.14
5.00	0		0	139,574,609	11,401,195	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	BJC HEALTHCARE	100.00	6.00
7.00	B		0.00	BJC STAFFING AGENCY	100.00	7.00
8.00	G	JOINT VENTURE	50.00	TFC	50.00	8.00
9.00	G	JOINT VENTURE	50.00	BJ GAMMA KNIFE FACILITY	50.00	9.00
10.00	C		51.00	MIDWEST STONE	51.00	10.00
10.01	G	JOINT VENTURE	50.00	REHAB INSTITUTE	50.00	10.01
100.00	G. Other (financial or non-financial) specify:	JOINT VENTURE				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/27/2014 9:40 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	597,191	0		1.00
2.00	554,538	0		2.00
3.00	63,337	0		3.00
4.00	-197,720	0		4.00
4.01	-5,947	0		4.01
4.02	-306,139	0		4.02
4.03	-498,147	0		4.03
4.04	224,992	9		4.04
4.05	265,779	9		4.05
4.06	-7,943,805	0		4.06
4.07	17,903,300	0		4.07
4.08	8,361,835	0		4.08
4.09	94,818,510	0		4.09
4.10	13,229,793	0		4.10
4.11	-675,530	0		4.11
4.12	-66,373	0		4.12
4.13	19,187	0		4.13
4.14	1,828,613	0		4.14
5.00	128,173,414			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.Positive amounts increase cost and negative amounts decrease cost.For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTH CARE		6.00
7.00	TEMPORARY STAFFING		7.00
8.00	TELECOMMUNICATIONS		8.00
9.00	NEURO-SURGICAL PROCEDURES		9.00
10.00	LITHOTRIPSY PROCEDURES		10.00
10.01	REHAB SERVICES		10.01
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 5/27/2014 9:40 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	42,200	42,200	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	783,434	748,434	35,000	177,200	370	2.00
3.00	13.00	NURSING ADMINISTRATION	2,655,726	2,655,726	0	0	0	3.00
4.00	15.00	PHARMACY	154,516	154,516	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	242,655	0	242,655	177,200	2,435	5.00
6.00	30.00	ADULTS & PEDIATRICS	15,268,987	15,268,987	0	0	0	6.00
7.00	46.00	OTHER LONG TERM CARE	20	20	0	0	0	7.00
8.00	50.00	OPERATING ROOM	1,336,520	1,336,520	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	7,799,153	7,799,153	0	0	0	9.00
10.00	91.00	EMERGENCY	2,930,153	2,930,153	0	0	0	10.00
200.00			31,213,364	30,935,709	277,655		2,805	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	31,521	1,576	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	0	4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	207,443	10,372	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	46.00	OTHER LONG TERM CARE	0	0	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			238,964	11,948	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	42,200		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	31,521	3,479	751,913		2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	2,655,726		3.00
4.00	15.00	PHARMACY	0	0	0	154,516		4.00
5.00	16.00	MEDICAL RECORDS & LIBRARY	0	207,443	35,212	35,212		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	0	0	15,268,987		6.00
7.00	46.00	OTHER LONG TERM CARE	0	0	0	20		7.00
8.00	50.00	OPERATING ROOM	0	0	0	1,336,520		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	7,799,153		9.00
10.00	91.00	EMERGENCY	0	0	0	2,930,153		10.00
200.00			0	238,964	38,691	30,974,400		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	13,461,963	13,461,963				1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	17,641,423	0	17,641,423			1.03
1.04	00104	NEW CRC-B&F(GSON)	1,627,800	0	0	1,627,800		1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	1,323,524	0	0	0	1,323,524	1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	44,591,486					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	34,239,499	110,902	51,751	0	0	4.00
5.01	00510	NONPATIENT TELEPHONES	1,185,963	77,192	19,936	0	0	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	19,746,544	115,574	5,736	0	0	5.03
5.04	00513	ADMITTING	17,327,262	191,413	0	0	17,035	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	226,097,743	2,593,141	5,363,629	0	348,788	5.06
7.00	00700	OPERATION OF PLANT	47,472,689	1,449,118	2,850,499	0	2,209	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,204,123	17,128	637	0	0	8.00
9.00	00900	HOUSEKEEPING	18,893,838	161,807	89,907	0	436	9.00
10.00	01000	DIETARY	9,581,604	240,884	4,216	0	0	10.00
11.00	01100	CAFETERIA	4,543,049	254,006	3,137	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,181,686	159,293	75,543	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,524,978	210,663	48,532	0	0	14.00
15.00	01500	PHARMACY	146,072,473	160,469	77,847	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,795,019	27,330	172,689	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,484,620	6,254	89,204	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	1,861,865	108,995	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	9,208,805	19,147	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	90,115	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	-3,807,656	0	0	1,627,800	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	109,148,873	62,829	10,736	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	216,896	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	283,187	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	128,395,577	3,750,419	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,157,366	130,241	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,596,945	73,555	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	11,559,268	155,087	0	0	0	34.00
35.01	02041	NEURO-ICU	6,339,510	88,451	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	8,336,702	0	313,220	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	8,067,286	202,317	0	0	0	40.00
43.00	04300	NURSERY	1,419,282	15,879	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,871,009	121,503	0	0	0	44.00
45.00	04500	NURSING FACILITY	570,511	18,659	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	1,291,639	94,772	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	59,575,143	345,813	1,473,430	0	0	50.00
51.00	05100	RECOVERY ROOM	18,135,174	236,752	281,796	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,146,491	149,328	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,919,486	0	19,903	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,914,408	126,212	481,448	0	44,245	54.00
54.01	05401	ULTRASOUND	2,432,218	74,812	62,405	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,896,525	87,704	743,113	0	0	55.00
56.00	05600	RADIOISOTOPE	2,168,392	72,402	0	0	0	56.00
57.00	05700	CT SCAN	3,813,587	0	49,970	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,652,249	97,411	131,445	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,603,390	6,816	368,452	0	0	59.00
60.00	06000	LABORATORY	37,367,339	259,720	111,019	0	17,035	60.00
60.01	06001	HLA LAB	3,245,858	20,300	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,560,130	28,513	123,242	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,234,261	57,883	21,684	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,887,284	25,999	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,053,806	7,296	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	805,927	3,644	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,896,470	62,341	44,806	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,392,271	10,741	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,732,115	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	96,193,934	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-833	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,284,060	58,171	0	0	0	74.00
76.00	03330	ENDOSCOPY	5,938,765	37,443	221,597	0	0	76.00
76.01	03950	OB/GYN IN VITRO	1,652,704	34,168	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	372,188	17,062	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.03	03951	CORNEAL TISSUE ACQUISITION	426,600	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	77,596	0	13,236	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,984,409	7,681	955,837	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	235,623	0	88,812	0	0	90.01
91.00	09100	EMERGENCY	19,681,097	13,284	700,545	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	8,836,150	325	114,614	0	0	105.00
106.00	10600	HEART ACQUISITION	2,442,426	325	23,792	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,974,972	325	41,751	0	0	107.00
108.00	10800	LUNG ACQUISITION	3,775,230	325	21,455	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	774,202	325	4,935	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,778,289	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,500,464,402	12,460,149	15,276,506	1,627,800	429,748	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	71,929	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	32,883	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,012,643	997,859	2,212,131	0	893,776	194.00
194.01	07951	RETAIL PHARMACY	4,764,732	0	67,062	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	5,068,000	3,955	85,724	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,527,414,589	13,461,963	17,641,423	1,627,800	1,323,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	44,591,486					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	42,826	34,444,978				4.00
5.01	00510	NONPATIENT TELEPHONES	12,501	110,183	1,405,775			5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	0	66,381	2,164	19,936,399		5.03
5.04	00513	ADMITTING	7,746	740,190	53,503	17,967	18,355,116	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,132,978	1,560,966	127,926	56,497	0	5.06
7.00	00700	OPERATION OF PLANT	352,522	578,468	34,493	108,433	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,170	2,059	142	148,504	0	8.00
9.00	00900	HOUSEKEEPING	54,336	799,088	19,692	81,522	0	9.00
10.00	01000	DIETARY	119,838	370,643	12,373	114,361	0	10.00
11.00	01100	CAFETERIA	67,375	325,032	12,390	390,902	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,064,960	1,544,824	54,676	15,248	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	183,612	262,940	12,240	668,085	0	14.00
15.00	01500	PHARMACY	60,407	1,297,994	36,489	4,817,152	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,574	802,811	45,506	13,269	0	16.00
17.00	01700	SOCIAL SERVICE	555	209,725	8,263	591	0	17.00
18.00	01080	EXTENDED CARE SERVICES	97,297	69,947	29,302	5,164	0	18.00
18.01	01851	LAB ADMINISTRATION	12,536	252,401	7,258	1,260	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	4,915	0	0	0	18.02
20.00	02000	NURSING SCHOOL	1,046,793	636,909	24,822	24,695	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	403	3,201,959	20,757	2,651	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	12,416	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	871	15,265	786	59	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	544,078	7,091,348	275,057	305,098	1,376,970	30.00
31.00	03100	INTENSIVE CARE UNIT	40,015	457,256	10,342	35,376	111,097	31.00
32.00	03200	CORONARY CARE UNIT	29,673	239,527	3,653	13,597	53,816	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	56,088	540,687	14,021	77,203	121,616	34.00
35.01	02041	NEURO-ICU	36,752	317,455	7,769	28,413	75,465	35.01
35.02	02042	CARDIO-THORACIC ICU	12,417	416,648	14,550	42,692	83,848	35.02
40.00	04000	SUBPROVIDER - IPF	18,416	347,365	11,046	6,941	57,034	40.00
43.00	04300	NURSERY	7,692	67,412	1,039	8,895	16,478	43.00
44.00	04400	SKILLED NURSING FACILITY	41,342	183,108	1,827	23,334	47,020	44.00
45.00	04500	NURSING FACILITY	14,938	27,364	155	1,516	2,688	45.00
46.00	04600	OTHER LONG TERM CARE	34,857	52,094	360	3,538	8,971	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,340,373	2,380,776	109,726	584,293	1,480,951	50.00
51.00	05100	RECOVERY ROOM	70,667	700,902	26,841	81,469	338,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,958	355,125	7,235	21,876	51,595	52.00
53.00	05300	ANESTHESIOLOGY	1,027,963	148,517	39,611	201,357	504,357	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,647,777	989,410	43,911	213,253	997,347	54.00
54.01	05401	ULTRASOUND	729,871	81,046	3,595	3,429	169,388	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,091,914	550,875	34,312	74,599	849,875	55.00
56.00	05600	RADIOISOTOPE	286,024	102,503	5,904	87,565	76,959	56.00
57.00	05700	CT SCAN	1,118,573	194,090	8,056	38,742	881,783	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,148,045	221,453	8,341	71,664	655,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	950,464	302,695	15,596	7,143	254,402	59.00
60.00	06000	LABORATORY	907,712	997,439	34,910	602,173	2,515,256	60.00
60.01	06001	HLA LAB	61,064	61,242	1,821	116,087	131,274	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	189,312	373,106	12,033	1,148,724	796,094	63.00
65.00	06500	RESPIRATORY THERAPY	727,706	578,898	9,495	102,226	277,699	65.00
66.00	06600	PHYSICAL THERAPY	4,045	309,024	5,841	4,408	102,239	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	115,485	73	200	36,055	67.00
68.00	06800	SPEECH PATHOLOGY	17,691	43,805	157	4	11,684	68.00
69.00	06900	ELECTROCARDIOLOGY	422,631	213,950	8,477	69,100	514,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,979	46,208	712	1,138	61,311	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,569,396	1,179,241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,711,131	1,171,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,819,009	73.00
74.00	07400	RENAL DIALYSIS	146,102	139,484	3,498	35,196	95,043	74.00
76.00	03330	ENDOSCOPY	227,103	271,851	11,003	40,627	175,691	76.00
76.01	03950	OB/GYN IN VITRO	338,655	35,220	141	15,119	15,014	76.01
76.02	03320	ELECTROSHOCK THERAPY	11,063	17,527	1,305	1,628	7,727	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	20,895	4,992	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	140	454	2,780	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMITTING	
			2.00	4.00	5.01	5.03	5.04	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	442,795	614,555	69,446	73,108	212,621	90.00
90.01	04950	OUTPATIENT PSYCH	60,149	52,964	5,546	29,102	16,721	90.01
91.00	09100	EMERGENCY	197,801	905,683	44,877	132,789	745,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	84,022	2,385	956	61,190	105.00
106.00	10600	HEART ACQUISITION	134	36,603	1,427	223	11,265	106.00
107.00	10700	LIVER ACQUISITION	0	49,025	1,971	483	31,090	107.00
108.00	10800	LUNG ACQUISITION	299	42,184	2,159	419	21,962	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,536	0	20	4,588	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	40,784	54	756	25,101	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,479,438	33,663,367	1,363,200	19,074,715	18,262,564	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	5,236	0	0	2,345	1,772	191.01
191.02	19102	RESEARCH CTSA O/P	6,592	0	0	57	11	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	64,411	460,162	20,649	37,304	0	194.00
194.01	07951	RETAIL PHARMACY	35,477	247,682	16,623	819,264	90,769	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	332	73,767	5,303	2,714	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,591,486	34,444,978	1,405,775	19,936,399	18,355,116	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	251,281,668	251,281,668			5.06
7.00	00700	OPERATION OF PLANT	0	52,848,431	10,402,685	63,251,116		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,375,763	664,485	242,466	4,282,714	8.00
9.00	00900	HOUSEKEEPING	0	20,100,626	3,956,607	877,683	147,052	9.00
10.00	01000	DIETARY	0	10,443,919	2,055,781	1,292,805	5,909	10.00
11.00	01100	CAFETERIA	0	5,595,891	1,101,495	1,096,414	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	43,096,230	8,483,062	830,466	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,911,050	1,754,051	998,520	7,028	14.00
15.00	01500	PHARMACY	0	152,522,831	30,022,340	866,323	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,878,198	5,487,544	452,661	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,799,212	944,677	200,072	0	17.00
18.00	01080	EXTENDED CARE SERVICES	0	2,172,570	427,649	467,861	0	18.00
18.01	01851	LAB ADMINISTRATION	0	9,501,407	1,870,257	82,187	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	95,030	18,706	0	0	18.02
20.00	02000	NURSING SCHOOL	0	-446,637	0	2,957,925	833	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	112,448,208	22,134,305	307,200	46,710	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	229,312	45,138	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	300,168	59,085	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	141,738,547	27,899,816	16,098,711	2,419,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,941,693	1,956,923	559,059	111,775	31.00
32.00	03200	CORONARY CARE UNIT	0	5,010,766	986,319	315,736	41,402	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	12,523,970	2,465,218	665,712	120,062	34.00
35.01	02041	NEURO-ICU	0	6,893,815	1,356,979	379,677	56,216	35.01
35.02	02042	CARDIO-THORACIC ICU	0	9,220,077	1,814,880	608,245	76,694	35.02
40.00	04000	SUBPROVIDER - IPF	0	8,710,405	1,714,556	868,449	53,367	40.00
43.00	04300	NURSERY	0	1,536,677	302,480	68,161	23,605	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,289,143	1,237,955	521,552	78,143	44.00
45.00	04500	NURSING FACILITY	0	635,831	125,157	80,092	11,714	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,486,231	292,550	406,808	26,942	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	72,290,505	14,229,663	4,345,674	91,070	50.00
51.00	05100	RECOVERY ROOM	0	19,872,027	3,911,610	1,563,482	62,859	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,830,608	1,541,377	640,992	28,555	52.00
53.00	05300	ANESTHESIOLOGY	0	8,861,194	1,744,237	38,650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,458,011	6,585,875	2,048,002	116,685	54.00
54.01	05401	ULTRASOUND	0	3,556,764	700,113	522,821	4,080	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,328,917	4,985,744	2,194,320	13,682	55.00
56.00	05600	RADIOISOTOPE	0	2,799,749	551,103	310,786	19,230	56.00
57.00	05700	CT SCAN	0	6,104,801	1,201,669	272,200	25,530	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,986,459	1,768,895	835,575	130,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,508,958	1,674,903	744,757	26,235	59.00
60.00	06000	LABORATORY	0	42,812,603	8,427,233	1,560,626	0	60.00
60.01	06001	HLA LAB	0	3,637,646	716,034	87,137	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,231,154	6,541,220	361,716	13,819	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,009,852	2,954,539	290,573	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,338,840	1,247,737	111,602	2,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,212,915	435,590	31,320	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	882,912	173,792	15,644	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,232,009	1,226,709	354,608	11,574	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,608,360	316,590	46,107	559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	91,480,752	18,007,071	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,076,187	20,092,677	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,818,176	357,890	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,761,554	740,424	249,701	4,919	74.00
76.00	03330	ENDOSCOPY	0	6,924,080	1,362,936	591,046	17,093	76.00
76.01	03950	OB/GYN IN VITRO	0	2,091,021	411,597	146,667	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	428,500	84,346	73,238	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	452,487	89,068	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	94,206	18,544	25,703	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	16,360,452	3,220,391	2,060,473	29,400	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
90.01	04950	OUTPATIENT PSYCH	0	488,917	96,238	172,465	0	90.01
91.00	09100	EMERGENCY	0	22,421,700	4,413,487	1,465,334	419,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	9,099,642	1,791,174	223,967	0	105.00
106.00	10600	HEART ACQUISITION	0	2,516,195	495,288	47,598	0	106.00
107.00	10700	LIVER ACQUISITION	0	5,099,617	1,003,809	82,472	0	107.00
108.00	10800	LUNG ACQUISITION	0	3,864,033	760,596	43,061	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	785,606	154,639	10,979	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	5,844,984	1,150,527	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,494,313,425	244,766,035	52,814,081	4,244,492	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	81,282	16,000	124,327	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	39,543	7,784	112,523	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	21,698,935	4,271,218	9,886,512	38,222	194.00
194.01	07951	RETAIL PHARMACY	0	6,041,609	1,189,230	130,229	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,239,795	1,031,401	183,444	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,527,414,589	251,281,668	63,251,116	4,282,714	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	25,081,968					9.00
10.00	01000	DIETARY	525,470	14,323,884				10.00
11.00	01100	CAFETERIA	445,646	0	8,239,446			11.00
13.00	01300	NURSING ADMINISTRATION	337,549	0	317,863	53,065,170		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	405,856	0	117,859	0	12,194,364	14.00
15.00	01500	PHARMACY	352,124	0	277,386	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	183,988	0	252,386	0	0	16.00
17.00	01700	SOCIAL SERVICE	81,321	0	58,334	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	190,166	1,800,733	23,810	0	0	18.00
18.01	01851	LAB ADMINISTRATION	33,405	0	55,953	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	1,190	0	0	18.02
20.00	02000	NURSING SCHOOL	1,202,271	0	126,193	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	124,864	0	964,304	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	4,762	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	4,762	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,543,438	10,692,544	2,026,244	25,128,763	0	30.00
31.00	03100	INTENSIVE CARE UNIT	227,234	242,666	125,002	1,542,298	0	31.00
32.00	03200	CORONARY CARE UNIT	128,333	96,820	64,287	793,244	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	270,584	97,286	151,193	1,879,351	0	34.00
35.01	02041	NEURO-ICU	154,323	318,482	79,763	983,766	0	35.01
35.02	02042	CARDIO-THORACIC ICU	247,226	104,355	100,002	1,243,642	0	35.02
40.00	04000	SUBPROVIDER - IPF	352,988	646,082	103,573	1,291,416	0	40.00
43.00	04300	NURSERY	27,705	0	17,857	216,610	0	43.00
44.00	04400	SKILLED NURSING FACILITY	211,989	0	67,858	1,058,941	0	44.00
45.00	04500	NURSING FACILITY	32,554	0	10,714	158,024	0	45.00
46.00	04600	OTHER LONG TERM CARE	165,350	0	25,000	377,402	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,766,332	0	572,630	7,109,060	0	50.00
51.00	05100	RECOVERY ROOM	635,489	14,620	169,051	2,092,674	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	260,536	0	103,573	1,277,233	0	52.00
53.00	05300	ANESTHESIOLOGY	15,710	0	63,096	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	832,426	0	277,386	0	0	54.00
54.01	05401	ULTRASOUND	212,505	0	20,238	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	739,561	0	134,526	0	0	55.00
56.00	05600	RADIOISOTOPE	126,321	0	22,619	0	0	56.00
57.00	05700	CT SCAN	110,638	0	53,572	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	339,626	0	60,715	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	302,712	0	72,620	887,003	0	59.00
60.00	06000	LABORATORY	615,033	0	330,959	0	0	60.00
60.01	06001	HLA LAB	35,417	0	17,857	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	147,022	0	102,383	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	118,105	0	152,384	0	0	65.00
66.00	06600	PHYSICAL THERAPY	45,362	0	89,287	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,730	0	30,953	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,359	0	10,714	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	144,133	0	60,715	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,741	0	14,286	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,781,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	6,412,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	101,493	0	32,143	0	0	74.00
76.00	03330	ENDOSCOPY	240,235	0	67,858	856,777	0	76.00
76.01	03950	OB/GYN IN VITRO	59,614	0	9,524	116,355	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	29,768	0	4,762	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,447	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	837,495	0	167,860	2,041,876	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
90.01	04950	OUTPATIENT PSYCH	70,100	0	16,667	0	0	90.01
91.00	09100	EMERGENCY	595,596	0	269,053	3,334,045	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	91,033	0	21,429	267,479	0	105.00
106.00	10600	HEART ACQUISITION	19,347	0	9,524	114,793	0	106.00
107.00	10700	LIVER ACQUISITION	33,521	0	11,905	153,914	0	107.00
108.00	10800	LUNG ACQUISITION	17,502	0	10,714	136,742	0	108.00
109.00	10900	PANCREAS ACQUISITION	4,463	0	0	3,762	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	9,524	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,839,756	14,013,588	7,966,822	53,065,170	12,194,364	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	50,534	33,190	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	45,736	33,190	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	4,018,447	0	195,242	0	0	194.00
194.01	07951	RETAIL PHARMACY	52,933	0	57,144	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	74,562	0	20,238	0	0	194.02
194.03	07953	GUEST MEALS	0	243,916	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	25,081,968	14,323,884	8,239,446	53,065,170	12,194,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES	OTHER GENERAL SERVICE: LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	184,041,004					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,254,777				16.00
17.00	01700	SOCIAL SERVICE	0	0	6,083,616			17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	0	5,082,789		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	11,543,209	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,885	2,569,984	5,141,086	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	785	207,352	197,019	0	0	31.00
32.00	03200	CORONARY CARE UNIT	251	100,443	95,278	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	356	226,985	222,089	0	0	34.00
35.01	02041	NEURO-ICU	1,557	140,848	130,269	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	246	156,494	147,209	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	270	106,448	0	0	0	40.00
43.00	04300	NURSERY	0	30,754	126,214	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,208	87,759	0	3,421,995	0	44.00
45.00	04500	NURSING FACILITY	0	5,017	0	455,779	0	45.00
46.00	04600	OTHER LONG TERM CARE	2,697	16,743	0	1,205,015	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,293	2,764,054	0	0	0	50.00
51.00	05100	RECOVERY ROOM	26,414	631,639	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11	96,298	24,452	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,490,518	941,334	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,970	1,861,454	0	0	0	54.00
54.01	05401	ULTRASOUND	5,623	316,146	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	739,736	1,586,212	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,639,434	143,637	0	0	0	56.00
57.00	05700	CT SCAN	7,520	1,645,764	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	91,532	1,224,084	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	474,817	0	0	0	59.00
60.00	06000	LABORATORY	9,340	4,691,175	0	0	8,467,915	60.00
60.01	06001	HLA LAB	0	245,010	0	0	454,923	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	88,815	1,485,835	0	0	2,620,371	63.00
65.00	06500	RESPIRATORY THERAPY	4,316	518,299	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	190,820	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67,293	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,807	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,214,093	959,769	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	114,431	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,200,941	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,185,789	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,059,803	3,395,008	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	46,995	177,389	0	0	0	74.00
76.00	03330	ENDOSCOPY	220	327,911	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	20,877	28,023	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	14,422	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	9,317	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,189	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	666,230	396,836	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	899,373	31,209	0	0	0	90.01
91.00	09100	EMERGENCY	36,187	1,391,637	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	114,205	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	21,026	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	58,027	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	40,991	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	8,563	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	46,848	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,570,555	34,082,036	6,083,616	5,082,789	11,543,209	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	17,739	3,308	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	21	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	15,472	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	25,437,238	169,412	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	184,041,004	34,254,777	6,083,616	5,082,789	11,543,209	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	114,926					18.02
20.00	02000	NURSING SCHOOL	0	3,840,585				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	136,025,591			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	279,212		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	364,015	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,420,976	30,279,297	0	274,032,727	30.00
31.00	03100	INTENSIVE CARE UNIT	0	134,316	4,393,627	0	19,639,749	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,516,473	0	10,149,352	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	40,808	0	18,663,614	34.00
35.01	02041	NEURO-ICU	0	0	856,961	0	11,352,656	35.01
35.02	02042	CARDIO-THORACIC ICU	0	0	13,603	0	13,732,673	35.02
40.00	04000	SUBPROVIDER - IPF	0	185,574	2,394,050	0	16,427,178	40.00
43.00	04300	NURSERY	0	0	0	0	2,350,063	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	12,979,543	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	1,514,882	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	4,004,738	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	22,716,274	0	125,922,555	50.00
51.00	05100	RECOVERY ROOM	0	0	612,115	0	29,591,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,193	1,224,230	0	13,126,058	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,936,458	0	24,091,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,651,228	0	54,233,037	54.00
54.01	05401	ULTRASOUND	0	0	1,469,076	0	6,807,366	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,999,576	0	37,722,274	55.00
56.00	05600	RADIOISOTOPE	0	0	1,890,756	0	8,503,635	56.00
57.00	05700	CT SCAN	0	0	856,961	0	10,278,655	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,373,435	0	16,810,396	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,135,602	0	14,827,607	59.00
60.00	06000	LABORATORY	0	0	8,025,510	0	74,940,394	60.00
60.01	06001	HLA LAB	0	0	81,615	0	5,275,639	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,727,525	0	46,319,860	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	788,948	0	19,837,016	65.00
66.00	06600	PHYSICAL THERAPY	0	0	829,756	0	8,856,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,790,801	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,111,228	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,197,025	0	11,400,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,543,255	0	6,662,329	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	117,470,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	130,767,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	279,212	155,910,089	73.00
74.00	07400	RENAL DIALYSIS	0	0	217,641	0	5,332,259	74.00
76.00	03330	ENDOSCOPY	0	0	1,754,730	0	12,142,886	76.00
76.01	03950	OB/GYN IN VITRO	0	0	204,038	0	3,087,716	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	204,038	0	839,074	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	550,872	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	154,089	76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	Subtotal	
			18.02	20.00	21.00	23.01	23A.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,705,638	0	34,486,651	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	2,693,307	0	4,468,276	90.01
91.00	09100	EMERGENCY	0	1,526	8,297,561	0	42,645,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	11,608,929	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,223,771	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	6,443,265	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	4,873,639	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	968,012	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	7,051,883	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,840,585	135,631,117	279,212	1,446,344,813	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	114,926	0	0	0	114,926	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	394,474	0	720,854	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	238,797	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	40,124,048	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	33,077,795	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,549,440	194.02
194.03	07953	GUEST MEALS	0	0	0	0	243,916	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,926	3,840,585	136,025,591	279,212	1,527,414,589	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
23.01	02301	PARAMED ED PRGM-PHARMACY						23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	364,015					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	65,795	274,098,522	-30,279,297	243,819,225		30.00
31.00	03100	INTENSIVE CARE UNIT	4,674	19,644,423	-4,393,627	15,250,796		31.00
32.00	03200	CORONARY CARE UNIT	2,416	10,151,768	-2,516,473	7,635,295		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,442	18,668,056	-40,808	18,627,248		34.00
35.01	02041	NEURO-ICU	2,702	11,355,358	-856,961	10,498,397		35.01
35.02	02042	CARDIO-THORACIC ICU	3,268	13,735,941	-13,603	13,722,338		35.02
40.00	04000	SUBPROVIDER - IPF	3,910	16,431,088	-2,394,050	14,037,038		40.00
43.00	04300	NURSERY	559	2,350,622	0	2,350,622		43.00
44.00	04400	SKILLED NURSING FACILITY	3,089	12,982,632	0	12,982,632		44.00
45.00	04500	NURSING FACILITY	361	1,515,243	0	1,515,243		45.00
46.00	04600	OTHER LONG TERM CARE	953	4,005,691	0	4,005,691		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,970	125,952,525	-22,716,274	103,236,251		50.00
51.00	05100	RECOVERY ROOM	7,043	29,599,023	-612,115	28,986,908		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,124	13,129,182	-1,224,230	11,904,952		52.00
53.00	05300	ANESTHESIOLOGY	5,734	24,096,931	-10,936,458	13,160,473		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,907	54,245,944	-8,651,228	45,594,716		54.00
54.01	05401	ULTRASOUND	1,620	6,808,986	-1,469,076	5,339,910		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,978	37,731,252	-1,999,576	35,731,676		55.00
56.00	05600	RADIOISOTOPE	2,024	8,505,659	-1,890,756	6,614,903		56.00
57.00	05700	CT SCAN	2,446	10,281,101	-856,961	9,424,140		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,001	16,814,397	-3,373,435	13,440,962		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,529	14,831,136	-2,135,602	12,695,534		59.00
60.00	06000	LABORATORY	17,836	74,958,230	-8,025,510	66,932,720		60.00
60.01	06001	HLA LAB	1,256	5,276,895	-81,615	5,195,280		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,024	46,330,884	-1,727,525	44,603,359		63.00
65.00	06500	RESPIRATORY THERAPY	4,721	19,841,737	-788,948	19,052,789		65.00
66.00	06600	PHYSICAL THERAPY	2,108	8,858,144	-829,756	8,028,388		66.00
67.00	06700	OCCUPATIONAL THERAPY	664	2,791,465	0	2,791,465		67.00
68.00	06800	SPEECH PATHOLOGY	264	1,111,492	0	1,111,492		68.00
69.00	06900	ELECTROCARDIOLOGY	2,713	11,403,348	-1,197,025	10,206,323		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	6,663,915	-4,543,255	2,120,660		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,958	117,498,552	0	117,498,552		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,123	130,798,310	0	130,798,310		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,107	155,947,196	0	155,947,196		73.00
74.00	07400	RENAL DIALYSIS	1,269	5,333,528	-217,641	5,115,887		74.00
76.00	03330	ENDOSCOPY	2,890	12,145,776	-1,754,730	10,391,046		76.00
76.01	03950	OB/GYN IN VITRO	735	3,088,451	-204,038	2,884,413		76.01
76.02	03320	ELECTROSHOCK THERAPY	200	839,274	-204,038	635,236		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	131	551,003	0	551,003		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	37	154,126	0	154,126		76.98

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PARAMED ED PRGM-PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,208	34,494,859	-8,705,638	25,789,221		90.00
90.01	04950	OUTPATIENT PSYCH	1,063	4,469,339	-2,693,307	1,776,032		90.01
91.00	09100	EMERGENCY	10,150	42,655,883	-8,297,561	34,358,322		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	2,763	11,611,692	0	11,611,692		105.00
106.00	10600	HEART ACQUISITION	767	3,224,538	0	3,224,538		106.00
107.00	10700	LIVER ACQUISITION	1,533	6,444,798	0	6,444,798		107.00
108.00	10800	LUNG ACQUISITION	1,160	4,874,799	0	4,874,799		108.00
109.00	10900	PANCREAS ACQUISITION	230	968,242	0	968,242		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	1,678	7,053,561	0	7,053,561		112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	344,719	1,446,325,517	-135,631,117	1,310,694,400		118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	27	114,953	0	114,953		191.00
191.01	19101	RESEARCH CTSA I/P	172	721,026	-394,474	326,552		191.01
191.02	19102	RESEARCH CTSA O/P	57	238,854	0	238,854		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	9,550	40,133,598	0	40,133,598		194.00
194.01	07951	RETAIL PHARMACY	7,873	33,085,668	0	33,085,668		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,559	6,550,999	0	6,550,999		194.02
194.03	07953	GUEST MEALS	58	243,974	0	243,974		194.03
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	364,015	1,527,414,589	-136,025,591	1,391,388,998		202.00

COST ALLOCATION STATISTICS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet Non-CMS W | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	100	BJH SQ FT	1.00
1.03	NEW CRC-B&F(BJH CAMP EXP)	103	NEW STRUCT SQ FT	1.03
1.04	NEW CRC-B&F(GSON)	104	GSON SQ FT	1.04
1.05	NEW CRC-B&F(THE HIGHLANDS)	105	THE HIGHLANDS SQ FT	1.05
2.00	NEW CAP REL COSTS-MVBLE EQUIP	200	ACTUAL DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	501	RENT EXP	5.01
5.03	PURCHASING, RECEIVING AND STORES	503	$$ AMT PURCHASES	5.03
5.04	ADMITTING	504	TOTAL REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	504	TOTAL REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM COST	5.06
7.00	OPERATION OF PLANT	700	BJH TOTAL SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	800	LAUNDRY POUNDS	8.00
9.00	HOUSEKEEPING	900	BJH TOTAL SQ FT	9.00
10.00	DIETARY	1000	MEALS SERVED	10.00
11.00	CAFETERIA	1100	FTE HOURS	11.00
13.00	NURSING ADMINISTRATION	1300	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	1400	SUPPLY REQUIS.	14.00
15.00	PHARMACY	1500	PHARMACY REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	504	TOTAL REVENUE	16.00
17.00	SOCIAL SERVICE	1700	PATIENT DAYS	17.00
18.00	EXTENDED CARE SERVICES	1800	ECF PT DAYS	18.00
18.01	LAB ADMINISTRATION	1801	LAB HOURS	18.01
18.02	RESEARCH ADMINISTRATION	1802	RESEARCH HOURS	18.02
20.00	NURSING SCHOOL	2000	STUDENT HOURS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2100	% OF TIME	21.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	49,166	110,902	51,751	0	0	4.00
5.01	00510	NONPATIENT TELEPHONES	9,891	77,192	19,936	0	0	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	2,289	115,574	5,736	0	0	5.03
5.04	00513	ADMITTING	104,787	191,413	0	0	17,035	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,892,526	2,593,141	5,363,629	0	348,788	5.06
7.00	00700	OPERATION OF PLANT	36,390	1,449,118	2,850,499	0	2,209	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,909	17,128	637	0	0	8.00
9.00	00900	HOUSEKEEPING	25,674	161,807	89,907	0	436	9.00
10.00	01000	DIETARY	17,089	240,884	4,216	0	0	10.00
11.00	01100	CAFETERIA	24,402	254,006	3,137	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	186,120	159,293	75,543	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,017,590	210,663	48,532	0	0	14.00
15.00	01500	PHARMACY	2,209,001	160,469	77,847	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	378,990	27,330	172,689	0	0	16.00
17.00	01700	SOCIAL SERVICE	5,042	6,254	89,204	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	70,818	108,995	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	6,668	19,147	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	848,372	0	0	1,627,800	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,800	62,829	10,736	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	830	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	178,030	3,750,419	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,526	130,241	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	1,957	73,555	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,830	155,087	0	0	0	34.00
35.01	02041	NEURO-ICU	8,925	88,451	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	8,772	0	313,220	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	20,911	202,317	0	0	0	40.00
43.00	04300	NURSERY	556	15,879	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	394,889	121,503	0	0	0	44.00
45.00	04500	NURSING FACILITY	2,961	18,659	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	6,910	94,772	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	601,493	345,813	1,473,430	0	0	50.00
51.00	05100	RECOVERY ROOM	224,318	236,752	281,796	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,107	149,328	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,333	0	19,903	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,192,412	126,212	481,448	0	44,245	54.00
54.01	05401	ULTRASOUND	11,920	74,812	62,405	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-40,320	87,704	743,113	0	0	55.00
56.00	05600	RADIOISOTOPE	281,791	72,402	0	0	0	56.00
57.00	05700	CT SCAN	20,983	0	49,970	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,169	97,411	131,445	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,696	6,816	368,452	0	0	59.00
60.00	06000	LABORATORY	122,162	259,720	111,019	0	17,035	60.00
60.01	06001	HLA LAB	3,966	20,300	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	103,386	28,513	123,242	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	60,616	57,883	21,684	0	0	65.00
66.00	06600	PHYSICAL THERAPY	29,342	25,999	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39	7,296	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84	3,644	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,592	62,341	44,806	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	381	10,741	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,874	58,171	0	0	0	74.00
76.00	03330	ENDOSCOPY	16,492	37,443	221,597	0	0	76.00
76.01	03950	OB/GYN IN VITRO	2,882	34,168	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	699	17,062	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CRC-B&F(BJH CAMP EXP)	NEW CRC-B&F(GSON)	NEW CRC-B&F(THE HIGHLANDS)	
			0	1.00	1.03	1.04	1.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	75	0	13,236	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	67,369	7,681	955,837	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	105,509	0	88,812	0	0	90.01
91.00	09100	EMERGENCY	69,537	13,284	700,545	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	10,737	325	114,614	0	0	105.00
106.00	10600	HEART ACQUISITION	10,529	325	23,792	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,502	325	41,751	0	0	107.00
108.00	10800	LUNG ACQUISITION	7,719	325	21,455	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	407	325	4,935	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	29	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,563,451	12,460,149	15,276,506	1,627,800	429,748	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	27,181	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	24,600	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	171,623	997,859	2,212,131	0	893,776	194.00
194.01	07951	RETAIL PHARMACY	26,251	0	67,062	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	16,316	3,955	85,724	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,829,422	13,461,963	17,641,423	1,627,800	1,323,524	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	42,826	254,645	254,645			4.00
5.01	00510	NONPATIENT TELEPHONES	12,501	119,520	815	120,335		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	0	123,599	491	185	124,275	5.03
5.04	00513	ADMITTING	7,746	320,981	5,475	4,580	112	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,132,978	33,331,062	11,546	10,951	352	5.06
7.00	00700	OPERATION OF PLANT	352,522	4,690,738	4,279	2,953	675	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,170	24,844	15	12	925	8.00
9.00	00900	HOUSEKEEPING	54,336	332,160	5,910	1,686	508	9.00
10.00	01000	DIETARY	119,838	382,027	2,741	1,059	712	10.00
11.00	01100	CAFETERIA	67,375	348,920	2,404	1,061	2,434	11.00
13.00	01300	NURSING ADMINISTRATION	1,064,960	1,485,916	11,426	4,680	95	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	183,612	10,460,397	1,945	1,048	4,160	14.00
15.00	01500	PHARMACY	60,407	2,507,724	9,601	3,123	30,129	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,574	600,583	5,938	3,895	83	16.00
17.00	01700	SOCIAL SERVICE	555	101,055	1,551	707	4	17.00
18.00	01080	EXTENDED CARE SERVICES	97,297	277,110	517	2,508	32	18.00
18.01	01851	LAB ADMINISTRATION	12,536	38,351	1,867	621	8	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	36	0	0	18.02
20.00	02000	NURSING SCHOOL	1,046,793	3,522,965	4,711	2,125	154	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	403	100,768	23,683	1,777	17	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	92	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	871	1,701	113	67	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	544,078	4,472,527	52,324	23,544	1,900	30.00
31.00	03100	INTENSIVE CARE UNIT	40,015	185,782	3,382	885	220	31.00
32.00	03200	CORONARY CARE UNIT	29,673	105,185	1,772	313	85	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	56,088	224,005	3,999	1,200	481	34.00
35.01	02041	NEURO-ICU	36,752	134,128	2,348	665	177	35.01
35.02	02042	CARDIO-THORACIC ICU	12,417	334,409	3,082	1,245	266	35.02
40.00	04000	SUBPROVIDER - IPF	18,416	241,644	2,569	946	43	40.00
43.00	04300	NURSERY	7,692	24,127	499	89	55	43.00
44.00	04400	SKILLED NURSING FACILITY	41,342	557,734	1,354	156	145	44.00
45.00	04500	NURSING FACILITY	14,938	36,558	202	13	9	45.00
46.00	04600	OTHER LONG TERM CARE	34,857	136,539	385	31	22	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,340,373	8,761,109	17,609	9,393	3,638	50.00
51.00	05100	RECOVERY ROOM	70,667	813,533	5,184	2,298	507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,958	258,393	2,627	619	136	52.00
53.00	05300	ANESTHESIOLOGY	1,027,963	1,072,199	1,098	3,391	1,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,647,777	7,492,094	7,318	3,759	1,328	54.00
54.01	05401	ULTRASOUND	729,871	879,008	599	308	21	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,091,914	3,882,411	4,075	2,937	465	55.00
56.00	05600	RADIOISOTOPE	286,024	640,217	758	505	545	56.00
57.00	05700	CT SCAN	1,118,573	1,189,526	1,436	690	241	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,148,045	2,393,070	1,638	714	446	58.00
59.00	05900	CARDIAC CATHETERIZATION	950,464	1,345,428	2,239	1,335	44	59.00
60.00	06000	LABORATORY	907,712	1,417,648	7,377	2,988	3,750	60.00
60.01	06001	HLA LAB	61,064	85,330	453	156	723	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	189,312	444,453	2,760	1,030	7,153	63.00
65.00	06500	RESPIRATORY THERAPY	727,706	867,889	4,282	813	637	65.00
66.00	06600	PHYSICAL THERAPY	4,045	59,386	2,286	500	27	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,335	854	6	1	67.00
68.00	06800	SPEECH PATHOLOGY	17,691	21,419	324	13	0	68.00
69.00	06900	ELECTROCARDIOLOGY	422,631	543,370	1,582	726	430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,979	107,101	342	61	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	29,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	146,102	206,147	1,032	299	219	74.00
76.00	03330	ENDOSCOPY	227,103	502,635	2,011	942	253	76.00
76.01	03950	OB/GYN IN VITRO	338,655	375,705	260	12	94	76.01
76.02	03320	ELECTROSHOCK THERAPY	11,063	28,824	130	112	10	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	130	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	13,311	0	12	3	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	
			2.00	2A	4.00	5.01	5.03	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	442,795	1,473,682	4,546	5,945	455	90.00
90.01	04950	OUTPATIENT PSYCH	60,149	254,470	392	475	181	90.01
91.00	09100	EMERGENCY	197,801	981,167	6,699	3,841	827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	125,676	621	204	6	105.00
106.00	10600	HEART ACQUISITION	134	34,780	271	122	1	106.00
107.00	10700	LIVER ACQUISITION	0	46,578	363	169	3	107.00
108.00	10800	LUNG ACQUISITION	299	29,798	312	185	3	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,667	11	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	29	302	5	5	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,479,438	101,837,092	248,863	116,690	118,909	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	5,236	32,417	0	0	15	191.01
191.02	19102	RESEARCH CTSA O/P	6,592	31,192	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	64,411	4,339,800	3,404	1,768	232	194.00
194.01	07951	RETAIL PHARMACY	35,477	128,790	1,832	1,423	5,102	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	332	106,327	546	454	17	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,591,486	106,475,618	254,645	120,335	124,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING	331,148					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	33,353,911			5.06
7.00	00700	OPERATION OF PLANT	0	0	1,380,824	6,079,469		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	88,202	23,305	137,303	8.00
9.00	00900	HOUSEKEEPING	0	0	525,189	84,360	4,714	9.00
10.00	01000	DIETARY	0	0	272,879	124,260	189	10.00
11.00	01100	CAFETERIA	0	0	146,209	105,383	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,126,018	79,821	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	232,828	95,974	225	14.00
15.00	01500	PHARMACY	0	0	3,984,560	83,268	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	728,402	43,508	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	125,394	19,230	0	17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	56,765	44,969	0	18.00
18.01	01851	LAB ADMINISTRATION	0	0	248,253	7,899	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	2,483	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	284,305	27	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,938,047	29,527	1,498	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	5,991	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	7,843	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,782	0	3,703,345	1,547,352	77,568	30.00
31.00	03100	INTENSIVE CARE UNIT	1,999	0	259,757	53,735	3,583	31.00
32.00	03200	CORONARY CARE UNIT	969	0	130,921	30,347	1,327	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,189	0	327,226	63,986	3,849	34.00
35.01	02041	NEURO-ICU	1,358	0	180,122	36,493	1,802	35.01
35.02	02042	CARDIO-THORACIC ICU	1,509	0	240,902	58,462	2,459	35.02
40.00	04000	SUBPROVIDER - IPF	1,026	0	227,585	83,472	1,711	40.00
43.00	04300	NURSERY	297	0	40,150	6,551	757	43.00
44.00	04400	SKILLED NURSING FACILITY	846	0	164,323	50,130	2,505	44.00
45.00	04500	NURSING FACILITY	48	0	16,613	7,698	376	45.00
46.00	04600	OTHER LONG TERM CARE	161	0	38,832	39,101	864	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,653	0	1,888,806	417,690	2,920	50.00
51.00	05100	RECOVERY ROOM	6,091	0	519,216	150,276	2,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	929	0	204,598	61,610	915	52.00
53.00	05300	ANESTHESIOLOGY	9,077	0	231,525	3,715	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,949	0	874,191	196,847	3,741	54.00
54.01	05401	ULTRASOUND	3,049	0	92,931	50,252	131	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,295	0	661,794	210,910	439	55.00
56.00	05600	RADIOISOTOPE	1,385	0	73,152	29,872	616	56.00
57.00	05700	CT SCAN	15,870	0	159,506	26,163	818	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,804	0	234,798	80,312	4,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,579	0	222,322	71,583	841	59.00
60.00	06000	LABORATORY	46,072	0	1,118,608	150,002	0	60.00
60.01	06001	HLA LAB	2,363	0	95,044	8,375	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,327	0	868,264	34,767	443	63.00
65.00	06500	RESPIRATORY THERAPY	4,998	0	392,177	27,929	0	65.00
66.00	06600	PHYSICAL THERAPY	1,840	0	165,621	10,727	84	66.00
67.00	06700	OCCUPATIONAL THERAPY	649	0	57,819	3,010	0	67.00
68.00	06800	SPEECH PATHOLOGY	210	0	23,069	1,504	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,255	0	162,830	34,084	371	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,103	0	42,023	4,432	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,223	0	2,390,209	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,077	0	2,667,047	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,737	0	47,505	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,711	0	98,282	24,000	158	74.00
76.00	03330	ENDOSCOPY	3,162	0	180,912	56,809	548	76.00
76.01	03950	OB/GYN IN VITRO	270	0	54,634	14,097	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	139	0	11,196	7,039	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	90	0	11,823	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	50	0	2,461	2,470	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,827	0	427,466	198,045	943	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.04	5.05	5.06	7.00	8.00	
90.01	04950	OUTPATIENT PSYCH	301	0	12,774	16,577	0	90.01
91.00	09100	EMERGENCY	13,419	0	585,834	140,843	13,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,101	0	237,755	21,527	0	105.00
106.00	10600	HEART ACQUISITION	203	0	65,743	4,575	0	106.00
107.00	10700	LIVER ACQUISITION	560	0	133,243	7,927	0	107.00
108.00	10800	LUNG ACQUISITION	395	0	100,959	4,139	0	108.00
109.00	10900	PANCREAS ACQUISITION	83	0	20,526	1,055	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	452	0	152,718	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	329,482	0	32,489,044	5,076,299	136,078	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	32	0	2,124	11,950	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,033	10,815	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	566,950	950,256	1,225	194.00
194.01	07951	RETAIL PHARMACY	1,634	0	157,855	12,517	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	136,905	17,632	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	331,148	0	33,353,911	6,079,469	137,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	954,527					9.00
10.00	01000	DIETARY	19,997	803,864				10.00
11.00	01100	CAFETERIA	16,960	0	623,371			11.00
13.00	01300	NURSING ADMINISTRATION	12,846	0	24,049	2,744,851		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,445	0	8,917	0	10,820,939	14.00
15.00	01500	PHARMACY	13,401	0	20,986	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,002	0	19,095	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,095	0	4,413	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	7,237	101,058	1,801	0	0	18.00
18.01	01851	LAB ADMINISTRATION	1,271	0	4,233	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	90	0	0	18.02
20.00	02000	NURSING SCHOOL	45,754	0	9,547	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,752	0	72,956	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	360	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	360	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	249,021	600,071	153,298	1,299,812	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,648	13,619	9,457	79,777	0	31.00
32.00	03200	CORONARY CARE UNIT	4,884	5,434	4,864	41,031	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,297	5,460	11,439	97,211	0	34.00
35.01	02041	NEURO-ICU	5,873	17,873	6,035	50,886	0	35.01
35.02	02042	CARDIO-THORACIC ICU	9,408	5,856	7,566	64,329	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,433	36,258	7,836	66,800	0	40.00
43.00	04300	NURSERY	1,054	0	1,351	11,204	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,068	0	5,134	54,775	0	44.00
45.00	04500	NURSING FACILITY	1,239	0	811	8,174	0	45.00
46.00	04600	OTHER LONG TERM CARE	6,293	0	1,891	19,521	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,220	0	43,323	367,723	0	50.00
51.00	05100	RECOVERY ROOM	24,184	820	12,790	108,246	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,915	0	7,836	66,066	0	52.00
53.00	05300	ANESTHESIOLOGY	598	0	4,774	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,679	0	20,986	0	0	54.00
54.01	05401	ULTRASOUND	8,087	0	1,531	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,145	0	10,178	0	0	55.00
56.00	05600	RADIOISOTOPE	4,807	0	1,711	0	0	56.00
57.00	05700	CT SCAN	4,210	0	4,053	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,925	0	4,594	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,520	0	5,494	45,881	0	59.00
60.00	06000	LABORATORY	23,406	0	25,039	0	0	60.00
60.01	06001	HLA LAB	1,348	0	1,351	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,595	0	7,746	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,495	0	11,529	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,726	0	6,755	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	484	0	2,342	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242	0	811	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,485	0	4,594	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	713	0	1,081	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,130,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,690,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,862	0	2,432	0	0	74.00
76.00	03330	ENDOSCOPY	9,142	0	5,134	44,318	0	76.00
76.01	03950	OB/GYN IN VITRO	2,269	0	721	6,019	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,133	0	360	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	398	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	31,872	0	12,700	105,618	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
90.01	04950	OUTPATIENT PSYCH	2,668	0	1,261	0	0	90.01
91.00	09100	EMERGENCY	22,666	0	20,356	172,457	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,464	0	1,621	13,836	0	105.00
106.00	10600	HEART ACQUISITION	736	0	721	5,938	0	106.00
107.00	10700	LIVER ACQUISITION	1,276	0	901	7,961	0	107.00
108.00	10800	LUNG ACQUISITION	666	0	811	7,073	0	108.00
109.00	10900	PANCREAS ACQUISITION	170	0	0	195	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	721	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	793,084	786,449	602,746	2,744,851	10,820,939	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	1,923	1,863	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	1,741	1,863	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	152,927	0	14,771	0	0	194.00
194.01	07951	RETAIL PHARMACY	2,014	0	4,323	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	2,838	0	1,531	0	0	194.02
194.03	07953	GUEST MEALS	0	13,689	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	954,527	803,864	623,371	2,744,851	10,820,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE EXTENDED CARE SERVICES	OTHER GENERAL SERVICE LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,652,792					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,408,506				16.00
17.00	01700	SOCIAL SERVICE	0	0	255,449			17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	0	491,997		18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	0	302,503	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,671	105,799	215,872	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	28	8,536	8,273	0	0	31.00
32.00	03200	CORONARY CARE UNIT	9	4,135	4,001	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13	9,344	9,325	0	0	34.00
35.01	02041	NEURO-ICU	56	5,798	5,470	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	9	6,442	6,181	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10	4,382	0	0	0	40.00
43.00	04300	NURSERY	0	1,266	5,300	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	152	3,613	0	331,238	0	44.00
45.00	04500	NURSING FACILITY	0	207	0	44,118	0	45.00
46.00	04600	OTHER LONG TERM CARE	97	689	0	116,641	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,348	113,788	0	0	0	50.00
51.00	05100	RECOVERY ROOM	955	26,003	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,964	1,027	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,880	38,752	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,531	76,631	0	0	0	54.00
54.01	05401	ULTRASOUND	203	13,015	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	26,740	65,300	0	0	0	55.00
56.00	05600	RADIOISOTOPE	95,411	5,913	0	0	0	56.00
57.00	05700	CT SCAN	272	67,751	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,309	50,392	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,547	0	0	0	59.00
60.00	06000	LABORATORY	338	191,459	0	0	221,911	60.00
60.01	06001	HLA LAB	0	10,086	0	0	11,922	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,211	61,167	0	0	68,670	63.00
65.00	06500	RESPIRATORY THERAPY	156	21,337	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,855	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,770	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	898	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,887	39,511	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,711	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,606	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	89,982	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,424,431	139,762	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,699	7,303	0	0	0	74.00
76.00	03330	ENDOSCOPY	8	13,499	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	755	1,154	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	594	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	384	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	214	0	0	0	76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						EXTENDED CARE SERVICES	LAB ADMINISTRATION	
			15.00	16.00	17.00	18.00	18.01	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	24,083	16,337	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	32,511	1,285	0	0	0	90.01
91.00	09100	EMERGENCY	1,308	57,290	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	4,701	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	866	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,389	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,687	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	352	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	1,929	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,732,081	1,401,395	255,449	491,997	302,503	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	641	136	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	0	1	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	559	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	919,511	6,974	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,652,792	1,408,506	255,449	491,997	302,503	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION	2,609					18.02
20.00	02000	NURSING SCHOOL	0	1,943,125				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		3,173,025			21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0			6,443		23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0				10,084	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.01	02041	NEURO-ICU	0					35.01
35.02	02042	CARDIO-THORACIC ICU	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
46.00	04600	OTHER LONG TERM CARE	0					46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
54.01	05401	ULTRASOUND	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	HLA LAB	0					60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03330	ENDOSCOPY	0					76.00
76.01	03950	OB/GYN IN VITRO	0					76.01
76.02	03320	ELECTROSHOCK THERAPY	0					76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0					76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0					76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	OTHER GENERAL SERVICE RESEARCH ADMINISTRATION	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-PASTORAL ED	
			18.02	20.00	21.00	23.01	23.02	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
90.01	04950	OUTPATIENT PSYCH	0					90.01
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0					112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,609					191.00
191.01	19101	RESEARCH CTSA I/P	0					191.01
191.02	19102	RESEARCH CTSA O/P	0					191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00
194.01	07951	RETAIL PHARMACY	0					194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0					194.02
194.03	07953	GUEST MEALS	0					194.03
200.00		Cross Foot Adjustments		1,943,125	3,173,025	6,443	10,084	200.00
201.00		Negative Cost Centers	0	1,926,463	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,609	3,869,588	3,173,025	6,443	10,084	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)					1.03
1.04	00104	NEW CRC-B&F(GSON)					1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)					1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01080	EXTENDED CARE SERVICES					18.00
18.01	01851	LAB ADMINISTRATION					18.01
18.02	01850	RESEARCH ADMINISTRATION					18.02
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
23.01	02301	PARAMED ED PRGM-PHARMACY					23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	12,529,886	0	12,529,886		30.00
31.00	03100	INTENSIVE CARE UNIT	637,681	0	637,681		31.00
32.00	03200	CORONARY CARE UNIT	335,277	0	335,277		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	770,024	0	770,024		34.00
35.01	02041	NEURO-ICU	449,084	0	449,084		35.01
35.02	02042	CARDIO-THORACIC ICU	742,125	0	742,125		35.02
40.00	04000	SUBPROVIDER - IPF	687,715	0	687,715		40.00
43.00	04300	NURSERY	92,700	0	92,700		43.00
44.00	04400	SKILLED NURSING FACILITY	1,180,173	0	1,180,173		44.00
45.00	04500	NURSING FACILITY	116,066	0	116,066		45.00
46.00	04600	OTHER LONG TERM CARE	361,067	0	361,067		46.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	11,721,220	0	11,721,220		50.00
51.00	05100	RECOVERY ROOM	1,672,118	0	1,672,118		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,635	0	618,635		52.00
53.00	05300	ANESTHESIOLOGY	1,420,263	0	1,420,263		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,741,054	0	8,741,054		54.00
54.01	05401	ULTRASOUND	1,049,135	0	1,049,135		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,908,689	0	4,908,689		55.00
56.00	05600	RADIOISOTOPE	854,892	0	854,892		56.00
57.00	05700	CT SCAN	1,470,536	0	1,470,536		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,798,172	0	2,798,172		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,730,813	0	1,730,813		59.00
60.00	06000	LABORATORY	3,208,598	0	3,208,598		60.00
60.01	06001	HLA LAB	217,151	0	217,151		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,519,586	0	1,519,586		63.00
65.00	06500	RESPIRATORY THERAPY	1,336,242	0	1,336,242		65.00
66.00	06600	PHYSICAL THERAPY	256,807	0	256,807		66.00
67.00	06700	OCCUPATIONAL THERAPY	75,270	0	75,270		67.00
68.00	06800	SPEECH PATHOLOGY	48,490	0	48,490		68.00
69.00	06900	ELECTROCARDIOLOGY	846,125	0	846,125		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,592	0	161,592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,654,909	0	7,654,909		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,497,737	0	8,497,737		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,644,435	0	5,644,435		73.00
74.00	07400	RENAL DIALYSIS	347,144	0	347,144		74.00
76.00	03330	ENDOSCOPY	819,373	0	819,373		76.00
76.01	03950	OB/GYN IN VITRO	455,990	0	455,990		76.01
76.02	03320	ELECTROSHOCK THERAPY	49,537	0	49,537		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	12,427	0	12,427		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,919	0	18,919		76.98

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,305,519	0	2,305,519		90.00
90.01	04950	OUTPATIENT PSYCH	322,895	0	322,895		90.01
91.00	09100	EMERGENCY	2,020,160	0	2,020,160		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	410,512	0	410,512		105.00
106.00	10600	HEART ACQUISITION	113,956	0	113,956		106.00
107.00	10700	LIVER ACQUISITION	201,370	0	201,370		107.00
108.00	10800	LUNG ACQUISITION	146,028	0	146,028		108.00
109.00	10900	PANCREAS ACQUISITION	28,059	0	28,059		109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	156,161	0	156,161		112.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,762,317	0	91,762,317		118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,609	0	2,609		191.00
191.01	19101	RESEARCH CTSA I/P	51,101	0	51,101		191.01
191.02	19102	RESEARCH CTSA O/P	46,645	0	46,645		191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,031,892	0	6,031,892		194.00
194.01	07951	RETAIL PHARMACY	1,241,975	0	1,241,975		194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	266,250	0	266,250		194.02
194.03	07953	GUEST MEALS	13,689	0	13,689		194.03
200.00		Cross Foot Adjustments	5,132,677	0	5,132,677		200.00
201.00		Negative Cost Centers	1,926,463	0	1,926,463		201.00
202.00		TOTAL (sum lines 118-201)	106,475,618	0	106,475,618		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,821,035					1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)	0	1,079,596				1.03
1.04	00104	NEW CRC-B&F(GSON)	0	0	93,215			1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)	0	0	0	45,528		1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					33,821,337	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,002	3,167	0	0	32,482	4.00
5.01	00510	NONPATIENT TELEPHONES	10,442	1,220	0	0	9,482	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	15,634	351	0	0	0	5.03
5.04	00513	ADMITTING	25,893	0	0	586	5,875	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	350,781	328,236	0	11,998	11,477,916	5.06
7.00	00700	OPERATION OF PLANT	196,026	174,441	0	76	267,378	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,317	39	0	0	2,404	8.00
9.00	00900	HOUSEKEEPING	21,888	5,502	0	15	41,212	9.00
10.00	01000	DIETARY	32,585	258	0	0	90,894	10.00
11.00	01100	CAFETERIA	34,360	192	0	0	51,102	11.00
13.00	01300	NURSING ADMINISTRATION	21,548	4,623	0	0	807,741	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	28,497	2,970	0	0	139,264	14.00
15.00	01500	PHARMACY	21,707	4,764	0	0	45,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,697	10,568	0	0	16,363	16.00
17.00	01700	SOCIAL SERVICE	846	5,459	0	0	421	17.00
18.00	01080	EXTENDED CARE SERVICES	14,744	0	0	0	73,797	18.00
18.01	01851	LAB ADMINISTRATION	2,590	0	0	0	9,508	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	0	93,215	0	793,962	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,499	657	0	0	306	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	661	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	507,329	0	0	0	412,667	30.00
31.00	03100	INTENSIVE CARE UNIT	17,618	0	0	0	30,350	31.00
32.00	03200	CORONARY CARE UNIT	9,950	0	0	0	22,506	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,979	0	0	0	42,541	34.00
35.01	02041	NEURO-ICU	11,965	0	0	0	27,875	35.01
35.02	02042	CARDIO-THORACIC ICU	0	19,168	0	0	9,418	35.02
40.00	04000	SUBPROVIDER - IPF	27,368	0	0	0	13,968	40.00
43.00	04300	NURSERY	2,148	0	0	0	5,834	43.00
44.00	04400	SKILLED NURSING FACILITY	16,436	0	0	0	31,357	44.00
45.00	04500	NURSING FACILITY	2,524	0	0	0	11,330	45.00
46.00	04600	OTHER LONG TERM CARE	12,820	0	0	0	26,438	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,779	90,169	0	0	4,808,989	50.00
51.00	05100	RECOVERY ROOM	32,026	17,245	0	0	53,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,200	0	0	0	75,057	52.00
53.00	05300	ANESTHESIOLOGY	0	1,218	0	0	779,680	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,073	29,463	0	1,522	4,283,675	54.00
54.01	05401	ULTRASOUND	10,120	3,819	0	0	553,586	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,864	45,476	0	0	2,345,127	55.00
56.00	05600	RADIOISOTOPE	9,794	0	0	0	216,941	56.00
57.00	05700	CT SCAN	0	3,058	0	0	848,405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,177	8,044	0	0	1,629,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	922	22,548	0	0	720,899	59.00
60.00	06000	LABORATORY	35,133	6,794	0	586	688,473	60.00
60.01	06001	HLA LAB	2,746	0	0	0	46,315	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,857	7,542	0	0	143,588	63.00
65.00	06500	RESPIRATORY THERAPY	7,830	1,327	0	0	551,944	65.00
66.00	06600	PHYSICAL THERAPY	3,517	0	0	0	3,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	987	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	493	0	0	0	13,418	68.00
69.00	06900	ELECTROCARDIOLOGY	8,433	2,742	0	0	320,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,453	0	0	0	72,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,869	0	0	0	110,814	74.00
76.00	03330	ENDOSCOPY	5,065	13,561	0	0	172,251	76.00
76.01	03950	OB/GYN IN VITRO	4,622	0	0	0	256,860	76.01
76.02	03320	ELECTROSHOCK THERAPY	2,308	0	0	0	8,391	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)	NEW MVBLE EQUIP (ACTUAL DEPR)	
			1.00	1.03	1.04	1.05	2.00	
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	810	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,039	58,494	0	0	335,847	90.00
90.01	04950	OUTPATIENT PSYCH	0	5,435	0	0	45,621	90.01
91.00	09100	EMERGENCY	1,797	42,871	0	0	150,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	44	7,014	0	0	0	105.00
106.00	10600	HEART ACQUISITION	44	1,456	0	0	102	106.00
107.00	10700	LIVER ACQUISITION	44	2,555	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	44	1,313	0	0	227	108.00
109.00	10900	PANCREAS ACQUISITION	44	302	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,685,517	934,871	93,215	14,783	33,736,352	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	0	0	3,971	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	5,000	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	134,983	135,375	0	30,745	48,854	194.00
194.01	07951	RETAIL PHARMACY	0	4,104	0	0	26,908	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	535	5,246	0	0	252	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,461,963	17,641,423	1,627,800	1,323,524	44,591,486	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.392479	16.340764	17.462855	29.070550	1.318442	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	477,096,098					4.00
5.01	00510	NONPATIENT TELEPHONES	1,526,145	3,855,524				5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	919,444	5,934	407,029,182			5.03
5.04	00513	ADMITTING	10,252,368	146,738	366,826	4,234,908,394		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	4,234,908,394	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,620,931	350,854	1,153,470	0	0	5.06
7.00	00700	OPERATION OF PLANT	8,012,353	94,601	2,213,828	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,514	390	3,031,939	0	0	8.00
9.00	00900	HOUSEKEEPING	11,068,158	54,008	1,664,388	0	0	9.00
10.00	01000	DIETARY	5,133,779	33,934	2,334,855	0	0	10.00
11.00	01100	CAFETERIA	4,502,009	33,981	7,980,852	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	21,397,343	149,955	311,317	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,641,978	33,570	13,639,952	0	0	14.00
15.00	01500	PHARMACY	17,978,509	100,075	98,347,173	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,119,725	124,805	270,911	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,904,894	22,663	12,060	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	968,833	80,364	105,437	0	0	18.00
18.01	01851	LAB ADMINISTRATION	3,496,000	19,907	25,716	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	68,082	0	0	0	0	18.02
20.00	02000	NURSING SCHOOL	8,821,826	68,077	504,188	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,350,312	56,930	54,134	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	171,976	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	211,438	2,157	1,197	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	98,221,229	754,379	6,229,036	317,713,492	317,713,492	30.00
31.00	03100	INTENSIVE CARE UNIT	6,333,447	28,365	722,248	25,633,829	25,633,829	31.00
32.00	03200	CORONARY CARE UNIT	3,317,685	10,019	277,606	12,417,258	12,417,258	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,489,046	38,454	1,576,205	28,060,963	28,060,963	34.00
35.01	02041	NEURO-ICU	4,397,063	21,308	580,089	17,412,274	17,412,274	35.01
35.02	02042	CARDIO-THORACIC ICU	5,770,984	39,904	871,611	19,346,486	19,346,486	35.02
40.00	04000	SUBPROVIDER - IPF	4,811,353	30,295	141,715	13,159,627	13,159,627	40.00
43.00	04300	NURSERY	933,717	2,849	181,607	3,801,938	3,801,938	43.00
44.00	04400	SKILLED NURSING FACILITY	2,536,221	5,011	476,408	10,849,170	10,849,170	44.00
45.00	04500	NURSING FACILITY	379,020	424	30,954	620,209	620,209	45.00
46.00	04600	OTHER LONG TERM CARE	721,551	988	72,226	2,069,865	2,069,865	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,976,106	300,937	11,929,226	341,705,279	341,705,279	50.00
51.00	05100	RECOVERY ROOM	9,708,189	73,614	1,663,303	78,086,190	78,086,190	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,918,836	19,844	446,627	11,904,748	11,904,748	52.00
53.00	05300	ANESTHESIOLOGY	2,057,107	108,638	4,110,997	116,372,160	116,372,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,704,306	120,432	4,353,888	230,121,687	230,121,687	54.00
54.01	05401	ULTRASOUND	1,122,567	9,860	70,016	39,083,500	39,083,500	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,630,165	94,104	1,523,041	196,094,905	196,094,905	55.00
56.00	05600	RADIOISOTOPE	1,419,764	16,193	1,787,769	17,757,025	17,757,025	56.00
57.00	05700	CT SCAN	2,688,341	22,096	790,979	203,457,004	203,457,004	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,067,350	22,876	1,463,120	151,326,996	151,326,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,192,622	42,774	145,833	58,699,104	58,699,104	59.00
60.00	06000	LABORATORY	13,815,513	95,745	12,294,254	580,117,601	580,117,601	60.00
60.01	06001	HLA LAB	848,261	4,994	2,370,099	30,289,260	30,289,260	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,167,894	33,002	23,452,915	183,685,843	183,685,843	63.00
65.00	06500	RESPIRATORY THERAPY	8,018,309	26,042	2,087,099	64,074,596	64,074,596	65.00
66.00	06600	PHYSICAL THERAPY	4,280,288	16,020	90,004	23,590,061	23,590,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,599,577	200	4,081	8,319,130	8,319,130	67.00
68.00	06800	SPEECH PATHOLOGY	606,738	431	85	2,695,822	2,695,822	68.00
69.00	06900	ELECTROCARDIOLOGY	2,963,423	23,250	1,410,784	118,651,159	118,651,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640,029	1,953	23,241	14,146,474	14,146,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	72,874,555	272,090,563	272,090,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	96,184,784	270,217,446	270,217,446	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	419,706,730	419,706,730	73.00
74.00	07400	RENAL DIALYSIS	1,931,991	9,594	718,570	21,929,626	21,929,626	74.00
76.00	03330	ENDOSCOPY	3,765,402	30,178	829,459	40,537,946	40,537,946	76.00
76.01	03950	OB/GYN IN VITRO	487,827	387	308,669	3,464,335	3,464,335	76.01
76.02	03320	ELECTROSHOCK THERAPY	242,769	3,580	33,238	1,782,958	1,782,958	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	426,600	1,151,820	1,151,820	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	384	9,278	641,537	641,537	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (RENT EXP)	PURCHASING, RECEIVING AND STORES ($$ AMT PURCHASES)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	
			4.00	5.01	5.03	5.04	5.05	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,512,194	190,466	1,492,603	49,058,737	49,058,737	90.00
90.01	04950	OUTPATIENT PSYCH	733,599	15,211	594,158	3,858,213	3,858,213	90.01
91.00	09100	EMERGENCY	12,544,611	123,081	2,711,085	172,040,696	172,040,696	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,163,794	6,540	19,513	14,118,565	14,118,565	105.00
106.00	10600	HEART ACQUISITION	506,992	3,913	4,544	2,599,299	2,599,299	106.00
107.00	10700	LIVER ACQUISITION	679,040	5,407	9,865	7,173,561	7,173,561	107.00
108.00	10800	LUNG ACQUISITION	584,297	5,921	8,560	5,067,453	5,067,453	108.00
109.00	10900	PANCREAS ACQUISITION	21,272	0	400	1,058,552	1,058,552	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	564,905	149	15,441	5,791,599	5,791,599	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	466,270,011	3,738,755	389,436,631	4,213,553,291	4,213,553,291	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	0	47,884	408,954	408,954	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	1,155	2,638	2,638	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,373,694	56,634	761,608	0	0	194.00
194.01	07951	RETAIL PHARMACY	3,430,641	45,592	16,726,503	20,943,511	20,943,511	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	1,021,752	14,543	55,401	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	34,444,978	1,405,775	19,936,399	18,355,116	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.072197	0.364613	0.048980	0.004334	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	254,645	120,335	124,275	331,148	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000534	0.031211	0.000305	0.000078	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-251,281,668	1,276,579,558				5.06
7.00	00700	OPERATION OF PLANT	0	52,848,431	1,993,273			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,375,763	7,641	7,376,732		8.00
9.00	00900	HOUSEKEEPING	0	20,100,626	27,659	253,289	1,944,666	9.00
10.00	01000	DIETARY	0	10,443,919	40,741	10,178	40,741	10.00
11.00	01100	CAFETERIA	0	5,595,891	34,552	0	34,552	11.00
13.00	01300	NURSING ADMINISTRATION	0	43,096,230	26,171	0	26,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,911,050	31,467	12,106	31,467	14.00
15.00	01500	PHARMACY	0	152,522,831	27,301	0	27,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,878,198	14,265	0	14,265	16.00
17.00	01700	SOCIAL SERVICE	0	4,799,212	6,305	0	6,305	17.00
18.00	01080	EXTENDED CARE SERVICES	0	2,172,570	14,744	0	14,744	18.00
18.01	01851	LAB ADMINISTRATION	0	9,501,407	2,590	0	2,590	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	95,030	0	0	0	18.02
20.00	02000	NURSING SCHOOL	446,637	0	93,215	1,435	93,215	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	112,448,208	9,681	80,456	9,681	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	229,312	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	300,168	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	141,738,547	507,329	4,167,343	507,329	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,941,693	17,618	192,526	17,618	31.00
32.00	03200	CORONARY CARE UNIT	0	5,010,766	9,950	71,312	9,950	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	12,523,970	20,979	206,799	20,979	34.00
35.01	02041	NEURO-ICU	0	6,893,815	11,965	96,828	11,965	35.01
35.02	02042	CARDIO-THORACIC ICU	0	9,220,077	19,168	132,101	19,168	35.02
40.00	04000	SUBPROVIDER - IPF	0	8,710,405	27,368	91,922	27,368	40.00
43.00	04300	NURSERY	0	1,536,677	2,148	40,658	2,148	43.00
44.00	04400	SKILLED NURSING FACILITY	0	6,289,143	16,436	134,597	16,436	44.00
45.00	04500	NURSING FACILITY	0	635,831	2,524	20,176	2,524	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,486,231	12,820	46,406	12,820	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	72,290,505	136,948	156,863	136,948	50.00
51.00	05100	RECOVERY ROOM	0	19,872,027	49,271	108,271	49,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,830,608	20,200	49,184	20,200	52.00
53.00	05300	ANESTHESIOLOGY	0	8,861,194	1,218	0	1,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,458,011	64,540	200,983	64,540	54.00
54.01	05401	ULTRASOUND	0	3,556,764	16,476	7,028	16,476	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	25,328,917	69,151	23,567	57,340	55.00
56.00	05600	RADIOISOTOPE	0	2,799,749	9,794	33,122	9,794	56.00
57.00	05700	CT SCAN	0	6,104,801	8,578	43,974	8,578	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,986,459	26,332	224,047	26,332	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,508,958	23,470	45,188	23,470	59.00
60.00	06000	LABORATORY	0	42,812,603	49,181	0	47,685	60.00
60.01	06001	HLA LAB	0	3,637,646	2,746	0	2,746	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	33,231,154	11,399	23,803	11,399	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,009,852	9,157	0	9,157	65.00
66.00	06600	PHYSICAL THERAPY	0	6,338,840	3,517	4,534	3,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,212,915	987	0	987	67.00
68.00	06800	SPEECH PATHOLOGY	0	882,912	493	0	493	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,232,009	11,175	19,935	11,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,608,360	1,453	963	1,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	91,480,752	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,076,187	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,818,176	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,761,554	7,869	8,472	7,869	74.00
76.00	03330	ENDOSCOPY	0	6,924,080	18,626	29,441	18,626	76.00
76.01	03950	OB/GYN IN VITRO	0	2,091,021	4,622	0	4,622	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	428,500	2,308	0	2,308	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	452,487	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	94,206	810	0	810	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	OPERATION OF PLANT (BJH TOTAL SQ FT)	LAUNDRY & LINEN SERVICE (LAUNDRY POUNDS)	HOUSEKEEPING (BJH TOTAL SQ FT)	
			5A.06	5.06	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	16,360,452	64,933	50,640	64,933	90.00
90.01	04950	OUTPATIENT PSYCH	0	488,917	5,435	0	5,435	90.01
91.00	09100	EMERGENCY	0	22,421,700	46,178	722,749	46,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	9,099,642	7,058	0	7,058	105.00
106.00	10600	HEART ACQUISITION	0	2,516,195	1,500	0	1,500	106.00
107.00	10700	LIVER ACQUISITION	0	5,099,617	2,599	0	2,599	107.00
108.00	10800	LUNG ACQUISITION	0	3,864,033	1,357	0	1,357	108.00
109.00	10900	PANCREAS ACQUISITION	0	785,606	346	0	346	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	5,844,984	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-250,835,031	1,243,478,394	1,664,364	7,310,896	1,615,757	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	0	81,282	3,918	0	3,918	191.01
191.02	19102	RESEARCH CTSA O/P	0	39,543	3,546	0	3,546	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	21,698,935	311,560	65,836	311,560	194.00
194.01	07951	RETAIL PHARMACY	0	6,041,609	4,104	0	4,104	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	5,239,795	5,781	0	5,781	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		251,281,668	63,251,116	4,282,714	25,081,968	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.196840	31.732290	0.580571	12.897828	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		33,353,911	6,079,469	137,303	954,527	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.026128	3.049993	0.018613	0.490844	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	859,258					10.00
11.00	01100	CAFETERIA	0	6,921				11.00
13.00	01300	NURSING ADMINISTRATION	0	267	7,475,341			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	99	0	182,926,152		14.00
15.00	01500	PHARMACY	0	233	0	0	120,453,303	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	212	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	49	0	0	0	17.00
18.00	01080	EXTENDED CARE SERVICES	108,022	20	0	0	0	18.00
18.01	01851	LAB ADMINISTRATION	0	47	0	0	0	18.01
18.02	01850	RESEARCH ADMINISTRATION	0	1	0	0	0	18.02
20.00	02000	NURSING SCHOOL	0	106	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	810	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	4	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	4	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	641,422	1,702	3,539,913	0	48,357	30.00
31.00	03100	INTENSIVE CARE UNIT	14,557	105	217,265	0	514	31.00
32.00	03200	CORONARY CARE UNIT	5,808	54	111,745	0	164	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,836	127	264,746	0	233	34.00
35.01	02041	NEURO-ICU	19,105	67	138,584	0	1,019	35.01
35.02	02042	CARDIO-THORACIC ICU	6,260	84	175,193	0	161	35.02
40.00	04000	SUBPROVIDER - IPF	38,757	87	181,923	0	177	40.00
43.00	04300	NURSERY	0	15	30,514	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	57	149,174	0	2,754	44.00
45.00	04500	NURSING FACILITY	0	9	22,261	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	21	53,165	0	1,765	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	481	1,001,460	0	24,408	50.00
51.00	05100	RECOVERY ROOM	877	142	294,797	0	17,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	87	179,925	0	7	52.00
53.00	05300	ANESTHESIOLOGY	0	53	0	0	975,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	233	0	0	263,086	54.00
54.01	05401	ULTRASOUND	0	17	0	0	3,680	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	113	0	0	484,151	55.00
56.00	05600	RADIOISOTOPE	0	19	0	0	1,727,488	56.00
57.00	05700	CT SCAN	0	45	0	0	4,922	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	51	0	0	59,907	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61	124,953	0	0	59.00
60.00	06000	LABORATORY	0	278	0	0	6,113	60.00
60.01	06001	HLA LAB	0	15	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	86	0	0	58,129	63.00
65.00	06500	RESPIRATORY THERAPY	0	128	0	0	2,825	65.00
66.00	06600	PHYSICAL THERAPY	0	75	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51	0	0	794,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	86,732,218	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	96,193,934	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	98,212,885	73.00
74.00	07400	RENAL DIALYSIS	0	27	0	0	30,758	74.00
76.00	03330	ENDOSCOPY	0	57	120,695	0	144	76.00
76.01	03950	OB/GYN IN VITRO	0	8	16,391	0	13,664	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	4	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	141	287,641	0	436,042	90.00
90.01	04950	OUTPATIENT PSYCH	0	14	0	0	588,632	90.01
91.00	09100	EMERGENCY	0	226	469,670	0	23,684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	18	37,680	0	0	105.00
106.00	10600	HEART ACQUISITION	0	8	16,171	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	10	21,682	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	9	19,263	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	530	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	8	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	840,644	6,692	7,475,341	182,926,152	103,783,103	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	RESEARCH CTSA I/P	1,991	0	0	0	11,610	191.01
191.02	19102	RESEARCH CTSA O/P	1,991	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	164	0	0	10,126	194.00
194.01	07951	RETAIL PHARMACY	0	48	0	0	16,648,464	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	17	0	0	0	194.02
194.03	07953	GUEST MEALS	14,632	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,323,884	8,239,446	53,065,170	12,194,364	184,041,004	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.670062	1,190.499350	7.098696	0.066663	1.527903	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	803,864	623,371	2,744,851	10,820,939	6,652,792	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.935533	90.069499	0.367187	0.059155	0.055231	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,234,908,394					16.00
17.00	01700	SOCIAL SERVICE	0	295,567				17.00
18.00	01080	EXTENDED CARE SERVICES	0	0	33,411			18.00
18.01	01851	LAB ADMINISTRATION	0	0	0	788,065		18.01
18.02	01850	RESEARCH ADMINISTRATION	0	0	0	0	100	18.02
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	317,713,492	249,775	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,633,829	9,572	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,417,258	4,629	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,060,963	10,790	0	0	0	34.00
35.01	02041	NEURO-ICU	17,412,274	6,329	0	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	19,346,486	7,152	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	13,159,627	0	0	0	0	40.00
43.00	04300	NURSERY	3,801,938	6,132	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,849,170	0	22,494	0	0	44.00
45.00	04500	NURSING FACILITY	620,209	0	2,996	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	2,069,865	0	7,921	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	341,705,279	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	78,086,190	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,904,748	1,188	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	116,372,160	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	230,121,687	0	0	0	0	54.00
54.01	05401	ULTRASOUND	39,083,500	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	196,094,905	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	17,757,025	0	0	0	0	56.00
57.00	05700	CT SCAN	203,457,004	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	151,326,996	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	58,699,104	0	0	0	0	59.00
60.00	06000	LABORATORY	580,117,601	0	0	578,112	0	60.00
60.01	06001	HLA LAB	30,289,260	0	0	31,058	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	183,685,843	0	0	178,895	0	63.00
65.00	06500	RESPIRATORY THERAPY	64,074,596	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,590,061	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,319,130	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,695,822	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	118,651,159	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,146,474	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	272,090,563	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	270,217,446	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	419,706,730	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	21,929,626	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	40,537,946	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	3,464,335	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	1,782,958	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE: EXTENDED CARE SERVICES (ECF PT DAYS)	OTHER GENERAL SERVICE: LAB ADMINISTRATION (LAB HOURS)	OTHER GENERAL SERVICE: RESEARCH ADMINISTRATION (RESEARCH HOURS)	
			16.00	17.00	18.00	18.01	18.02	
76.03	03951	CORNEAL TISSUE ACQUISITION	1,151,820	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	641,537	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	49,058,737	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	3,858,213	0	0	0	0	90.01
91.00	09100	EMERGENCY	172,040,696	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,118,565	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,599,299	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	7,173,561	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	5,067,453	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,058,552	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	5,791,599	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,213,553,291	295,567	33,411	788,065	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0	100	191.00
191.01	19101	RESEARCH CTSA I/P	408,954	0	0	0	0	191.01
191.02	19102	RESEARCH CTSA O/P	2,638	0	0	0	0	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	RETAIL PHARMACY	20,943,511	0	0	0	0	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	GUEST MEALS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	34,254,777	6,083,616	5,082,789	11,543,209	114,926	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008089	20.582866	152.129209	14.647534	1,149.260000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,408,506	255,449	491,997	302,503	2,609	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000333	0.864268	14.725599	0.383855	26.090000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.03	00103	NEW CRC-B&F(BJH CAMP EXP)						1.03
1.04	00104	NEW CRC-B&F(GSON)						1.04
1.05	00105	NEW CRC-B&F(THE HIGHLANDS)						1.05
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01080	EXTENDED CARE SERVICES						18.00
18.01	01851	LAB ADMINISTRATION						18.01
18.02	01850	RESEARCH ADMINISTRATION						18.02
20.00	02000	NURSING SCHOOL	60,390					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		10,000				21.00
23.01	02301	PARAMED ED PRGM-PHARMACY			100			23.01
23.02	02302	PARAMED ED PRGM-PASTORAL ED			0	-364,015	1,527,050,574	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,792	2,226	0	0	274,032,727	30.00
31.00	03100	INTENSIVE CARE UNIT	2,112	323	0	0	19,639,749	31.00
32.00	03200	CORONARY CARE UNIT	0	185	0	0	10,149,352	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	3	0	0	18,663,614	34.00
35.01	02041	NEURO-ICU	0	63	0	0	11,352,656	35.01
35.02	02042	CARDIO-THORACIC ICU	0	1	0	0	13,732,673	35.02
40.00	04000	SUBPROVIDER - IPF	2,918	176	0	0	16,427,178	40.00
43.00	04300	NURSERY	0	0	0	0	2,350,063	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	12,979,543	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	1,514,882	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	4,004,738	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,670	0	0	125,922,555	50.00
51.00	05100	RECOVERY ROOM	0	45	0	0	29,591,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,544	90	0	0	13,126,058	52.00
53.00	05300	ANESTHESIOLOGY	0	804	0	0	24,091,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	636	0	0	54,233,037	54.00
54.01	05401	ULTRASOUND	0	108	0	0	6,807,366	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	147	0	0	37,722,274	55.00
56.00	05600	RADIOISOTOPE	0	139	0	0	8,503,635	56.00
57.00	05700	CT SCAN	0	63	0	0	10,278,655	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	248	0	0	16,810,396	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	157	0	0	14,827,607	59.00
60.00	06000	LABORATORY	0	590	0	0	74,940,394	60.00
60.01	06001	HLA LAB	0	6	0	0	5,275,639	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	127	0	0	46,319,860	63.00
65.00	06500	RESPIRATORY THERAPY	0	58	0	0	19,837,016	65.00
66.00	06600	PHYSICAL THERAPY	0	61	0	0	8,856,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,790,801	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,111,228	68.00
69.00	06900	ELECTROCARDIOLOGY	0	88	0	0	11,400,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	334	0	0	6,662,329	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	117,470,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	130,767,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	0	155,910,089	73.00
74.00	07400	RENAL DIALYSIS	0	16	0	0	5,332,259	74.00
76.00	03330	ENDOSCOPY	0	129	0	0	12,142,886	76.00
76.01	03950	OB/GYN IN VITRO	0	15	0	0	3,087,716	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	15	0	0	839,074	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	550,872	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	NURSING SCHOOL (STUDENT HOURS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (% OF TIME)	PARAMED ED PRGM-PHARMACY (% OF TIME)	Reconciliation	PARAMED ED PRGM-PASTORAL ED (ACCUM COST)	
			20.00	21.00	23.01	23A.02	23.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	154,089	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	640	0	0	34,486,651	90.00
90.01	04950	OUTPATIENT PSYCH	0	198	0	0	4,468,276	90.01
91.00	09100	EMERGENCY	24	610	0	0	42,645,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	11,608,929	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3,223,771	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	6,443,265	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	4,873,639	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	968,012	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	0	0	0	0	7,051,883	112.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,390	9,971	100	-364,015	1,445,980,798	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	114,926	191.00
191.01	19101	RESEARCH CTSA I/P	0	29	0	0	720,854	191.01
191.02	19102	RESEARCH CTSA O/P	0	0	0	0	238,797	191.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	40,124,048	194.00
194.01	07951	RETAIL PHARMACY	0	0	0	0	33,077,795	194.01
194.02	07952	MARKETING/COMMUNITY RELATIONS	0	0	0	0	6,549,440	194.02
194.03	07953	GUEST MEALS	0	0	0	0	243,916	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,840,585	136,025,591	279,212		364,015	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	63.596374	13,602.559100	2,792.120000		0.000238	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,869,588	3,173,025	6,443		10,084	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	32.176271	317.302500	64.430000		0.000007	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

				Title XVIII	Hospital	PPS	
				Costs			
		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	243,819,225		243,819,225	0	243,819,225	30.00
31.00	03100	INTENSIVE CARE UNIT	15,250,796		15,250,796	0	15,250,796	31.00
32.00	03200	CORONARY CARE UNIT	7,635,295		7,635,295	0	7,635,295	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,627,248		18,627,248	0	18,627,248	34.00
35.01	02041	NEURO-ICU	10,498,397		10,498,397	0	10,498,397	35.01
35.02	02042	CARDIO-THORACIC ICU	13,722,338		13,722,338	0	13,722,338	35.02
40.00	04000	SUBPROVIDER - IPF	14,037,038		14,037,038	0	14,037,038	40.00
43.00	04300	NURSERY	2,350,622		2,350,622	0	2,350,622	43.00
44.00	04400	SKILLED NURSING FACILITY	12,982,632		12,982,632	0	12,982,632	44.00
45.00	04500	NURSING FACILITY	1,515,243		1,515,243	0	1,515,243	45.00
46.00	04600	OTHER LONG TERM CARE	4,005,691		4,005,691	0	4,005,691	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,236,251		103,236,251	0	103,236,251	50.00
51.00	05100	RECOVERY ROOM	28,986,908		28,986,908	0	28,986,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,904,952		11,904,952	0	11,904,952	52.00
53.00	05300	ANESTHESIOLOGY	13,160,473		13,160,473	0	13,160,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,594,716		45,594,716	0	45,594,716	54.00
54.01	05401	ULTRASOUND	5,339,910		5,339,910	0	5,339,910	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,731,676		35,731,676	0	35,731,676	55.00
56.00	05600	RADIOISOTOPE	6,614,903		6,614,903	0	6,614,903	56.00
57.00	05700	CT SCAN	9,424,140		9,424,140	0	9,424,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,440,962		13,440,962	0	13,440,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,695,534		12,695,534	0	12,695,534	59.00
60.00	06000	LABORATORY	66,932,720		66,932,720	0	66,932,720	60.00
60.01	06001	HLA LAB	5,195,280		5,195,280	0	5,195,280	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,603,359		44,603,359	0	44,603,359	63.00
65.00	06500	RESPIRATORY THERAPY	19,052,789	0	19,052,789	0	19,052,789	65.00
66.00	06600	PHYSICAL THERAPY	8,028,388	0	8,028,388	0	8,028,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,791,465	0	2,791,465	0	2,791,465	67.00
68.00	06800	SPEECH PATHOLOGY	1,111,492	0	1,111,492	0	1,111,492	68.00
69.00	06900	ELECTROCARDIOLOGY	10,206,323		10,206,323	0	10,206,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,120,660		2,120,660	0	2,120,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,498,552		117,498,552	0	117,498,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	130,798,310		130,798,310	0	130,798,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,947,196		155,947,196	0	155,947,196	73.00
74.00	07400	RENAL DIALYSIS	5,115,887		5,115,887	0	5,115,887	74.00
76.00	03330	ENDOSCOPY	10,391,046		10,391,046	0	10,391,046	76.00
76.01	03950	OB/GYN IN VITRO	2,884,413		2,884,413	0	2,884,413	76.01
76.02	03320	ELECTROSHOCK THERAPY	635,236		635,236	0	635,236	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	551,003		551,003	0	551,003	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	154,126		154,126	0	154,126	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,789,221		25,789,221	0	25,789,221	90.00
90.01	04950	OUTPATIENT PSYCH	1,776,032		1,776,032	0	1,776,032	90.01
91.00	09100	EMERGENCY	34,358,322		34,358,322	0	34,358,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,418,693		3,418,693		3,418,693	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,611,692		11,611,692		11,611,692	105.00
106.00	10600	HEART ACQUISITION	3,224,538		3,224,538		3,224,538	106.00
107.00	10700	LIVER ACQUISITION	6,444,798		6,444,798		6,444,798	107.00
108.00	10800	LUNG ACQUISITION	4,874,799		4,874,799		4,874,799	108.00
109.00	10900	PANCREAS ACQUISITION	968,242		968,242		968,242	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	7,053,561		7,053,561		7,053,561	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,314,113,093	0	1,314,113,093	0	1,314,113,093	200.00
201.00		Less Observation Beds	3,418,693		3,418,693		3,418,693	201.00
202.00		Total (see instructions)	1,310,694,400	0	1,310,694,400	0	1,310,694,400	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	305,450,917		305,450,917			30.00
31.00	03100	INTENSIVE CARE UNIT	25,549,544		25,549,544			31.00
32.00	03200	CORONARY CARE UNIT	12,448,470		12,448,470			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,114,678		28,114,678			34.00
35.01	02041	NEURO-ICU	17,395,015		17,395,015			35.01
35.02	02042	CARDIO-THORACIC ICU	19,277,609		19,277,609			35.02
40.00	04000	SUBPROVIDER - IPF	13,024,665		13,024,665			40.00
43.00	04300	NURSERY	3,883,923		3,883,923			43.00
44.00	04400	SKILLED NURSING FACILITY	10,553,790		10,553,790			44.00
45.00	04500	NURSING FACILITY	620,209		620,209			45.00
46.00	04600	OTHER LONG TERM CARE	1,688,796		1,688,796			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	228,854,319	112,850,960	341,705,279	0.302121	0.000000	50.00
51.00	05100	RECOVERY ROOM	27,627,856	50,458,334	78,086,190	0.371217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,264,725	2,640,023	11,904,748	1.000017	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	60,054,137	56,318,023	116,372,160	0.113090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,256,133	141,865,554	230,121,687	0.198133	0.000000	54.00
54.01	05401	ULTRASOUND	9,018,479	30,065,021	39,083,500	0.136628	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,229,704	185,865,201	196,094,905	0.182216	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,946,542	12,810,483	17,757,025	0.372523	0.000000	56.00
57.00	05700	CT SCAN	76,164,728	127,292,276	203,457,004	0.046320	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,032,333	116,294,663	151,326,996	0.088821	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,120,023	31,579,081	58,699,104	0.216282	0.000000	59.00
60.00	06000	LABORATORY	349,242,861	230,403,375	579,646,236	0.115472	0.000000	60.00
60.01	06001	HLA LAB	7,580,097	22,709,163	30,289,260	0.171522	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129,030,669	54,536,511	183,567,180	0.242981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	60,113,723	3,960,873	64,074,596	0.297353	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	23,085,078	504,983	23,590,061	0.340329	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,905,730	413,400	8,319,130	0.335548	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,553,582	142,240	2,695,822	0.412302	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	60,183,948	58,467,211	118,651,159	0.086020	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,817,311	1,329,163	14,146,474	0.149907	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	200,040,084	72,050,218	272,090,302	0.431837	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	206,797,686	63,419,760	270,217,446	0.484048	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,432,791	109,271,660	419,704,451	0.371564	0.000000	73.00
74.00	07400	RENAL DIALYSIS	21,242,447	687,179	21,929,626	0.233287	0.000000	74.00
76.00	03330	ENDOSCOPY	11,482,916	29,055,030	40,537,946	0.256329	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	3,464,335	3,464,335	0.832602	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	544,830	1,238,128	1,782,958	0.356282	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	37,800	1,114,020	1,151,820	0.478376	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,799	639,738	641,537	0.240245	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,454,719	47,604,018	49,058,737	0.525680	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	12,066	3,846,147	3,858,213	0.460325	0.000000	90.01
91.00	09100	EMERGENCY	76,901,419	96,161,907	173,063,326	0.198530	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	343,204	2,414,684	2,757,888	1.239605	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,118,565	0	14,118,565			105.00
106.00	10600	HEART ACQUISITION	2,599,299	0	2,599,299			106.00
107.00	10700	LIVER ACQUISITION	7,173,561	0	7,173,561			107.00
108.00	10800	LUNG ACQUISITION	5,067,453	0	5,067,453			108.00
109.00	10900	PANCREAS ACQUISITION	1,058,552	0	1,058,552			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	4,692,084	1,099,515	5,791,599			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,531,090,869	1,672,572,877	4,203,663,746			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,531,090,869	1,672,572,877	4,203,663,746			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02041	NEURO-ICU			35.01
35.02	02042	CARDIO-THORACIC ICU			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.302121		50.00
51.00	05100	RECOVERY ROOM	0.371217		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017		52.00
53.00	05300	ANESTHESIOLOGY	0.113090		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133		54.00
54.01	05401	ULTRASOUND	0.136628		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216		55.00
56.00	05600	RADIOISOTOPE	0.372523		56.00
57.00	05700	CT SCAN	0.046320		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282		59.00
60.00	06000	LABORATORY	0.115472		60.00
60.01	06001	HLA LAB	0.171522		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981		63.00
65.00	06500	RESPIRATORY THERAPY	0.297353		65.00
66.00	06600	PHYSICAL THERAPY	0.340329		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548		67.00
68.00	06800	SPEECH PATHOLOGY	0.412302		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564		73.00
74.00	07400	RENAL DIALYSIS	0.233287		74.00
76.00	03330	ENDOSCOPY	0.256329		76.00
76.01	03950	OB/GYN IN VITRO	0.832602		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.525680		90.00
90.01	04950	OUTPATIENT PSYCH	0.460325		90.01
91.00	09100	EMERGENCY	0.198530		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605		92.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW			112.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	243,819,225		243,819,225	0	243,819,225	30.00
31.00	03100	INTENSIVE CARE UNIT	15,250,796		15,250,796	0	15,250,796	31.00
32.00	03200	CORONARY CARE UNIT	7,635,295		7,635,295	0	7,635,295	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	18,627,248		18,627,248	0	18,627,248	34.00
35.01	02041	NEURO-ICU	10,498,397		10,498,397	0	10,498,397	35.01
35.02	02042	CARDIO-THORACIC ICU	13,722,338		13,722,338	0	13,722,338	35.02
40.00	04000	SUBPROVIDER - IPF	14,037,038		14,037,038	0	14,037,038	40.00
43.00	04300	NURSERY	2,350,622		2,350,622	0	2,350,622	43.00
44.00	04400	SKILLED NURSING FACILITY	12,982,632		12,982,632	0	12,982,632	44.00
45.00	04500	NURSING FACILITY	1,515,243		1,515,243	0	1,515,243	45.00
46.00	04600	OTHER LONG TERM CARE	4,005,691		4,005,691	0	4,005,691	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	103,236,251		103,236,251	0	103,236,251	50.00
51.00	05100	RECOVERY ROOM	28,986,908		28,986,908	0	28,986,908	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,904,952		11,904,952	0	11,904,952	52.00
53.00	05300	ANESTHESIOLOGY	13,160,473		13,160,473	0	13,160,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,594,716		45,594,716	0	45,594,716	54.00
54.01	05401	ULTRASOUND	5,339,910		5,339,910	0	5,339,910	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,731,676		35,731,676	0	35,731,676	55.00
56.00	05600	RADIOISOTOPE	6,614,903		6,614,903	0	6,614,903	56.00
57.00	05700	CT SCAN	9,424,140		9,424,140	0	9,424,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,440,962		13,440,962	0	13,440,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,695,534		12,695,534	0	12,695,534	59.00
60.00	06000	LABORATORY	66,932,720		66,932,720	0	66,932,720	60.00
60.01	06001	HLA LAB	5,195,280		5,195,280	0	5,195,280	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,603,359		44,603,359	0	44,603,359	63.00
65.00	06500	RESPIRATORY THERAPY	19,052,789	0	19,052,789	0	19,052,789	65.00
66.00	06600	PHYSICAL THERAPY	8,028,388	0	8,028,388	0	8,028,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,791,465	0	2,791,465	0	2,791,465	67.00
68.00	06800	SPEECH PATHOLOGY	1,111,492	0	1,111,492	0	1,111,492	68.00
69.00	06900	ELECTROCARDIOLOGY	10,206,323		10,206,323	0	10,206,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,120,660		2,120,660	0	2,120,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,498,552		117,498,552	0	117,498,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	130,798,310		130,798,310	0	130,798,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	155,947,196		155,947,196	0	155,947,196	73.00
74.00	07400	RENAL DIALYSIS	5,115,887		5,115,887	0	5,115,887	74.00
76.00	03330	ENDOSCOPY	10,391,046		10,391,046	0	10,391,046	76.00
76.01	03950	OB/GYN IN VITRO	2,884,413		2,884,413	0	2,884,413	76.01
76.02	03320	ELECTROSHOCK THERAPY	635,236		635,236	0	635,236	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	551,003		551,003	0	551,003	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	154,126		154,126	0	154,126	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	25,789,221		25,789,221	0	25,789,221	90.00
90.01	04950	OUTPATIENT PSYCH	1,776,032		1,776,032	0	1,776,032	90.01
91.00	09100	EMERGENCY	34,358,322		34,358,322	0	34,358,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,418,693		3,418,693		3,418,693	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,611,692		11,611,692		11,611,692	105.00
106.00	10600	HEART ACQUISITION	3,224,538		3,224,538		3,224,538	106.00
107.00	10700	LIVER ACQUISITION	6,444,798		6,444,798		6,444,798	107.00
108.00	10800	LUNG ACQUISITION	4,874,799		4,874,799		4,874,799	108.00
109.00	10900	PANCREAS ACQUISITION	968,242		968,242		968,242	109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	7,053,561		7,053,561		7,053,561	112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,314,113,093	0	1,314,113,093	0	1,314,113,093	200.00
201.00		Less Observation Beds	3,418,693		3,418,693		3,418,693	201.00
202.00		Total (see instructions)	1,310,694,400	0	1,310,694,400	0	1,310,694,400	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	305,450,917		305,450,917			30.00
31.00	03100	INTENSIVE CARE UNIT	25,549,544		25,549,544			31.00
32.00	03200	CORONARY CARE UNIT	12,448,470		12,448,470			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,114,678		28,114,678			34.00
35.01	02041	NEURO-ICU	17,395,015		17,395,015			35.01
35.02	02042	CARDIO-THORACIC ICU	19,277,609		19,277,609			35.02
40.00	04000	SUBPROVIDER - IPF	13,024,665		13,024,665			40.00
43.00	04300	NURSERY	3,883,923		3,883,923			43.00
44.00	04400	SKILLED NURSING FACILITY	10,553,790		10,553,790			44.00
45.00	04500	NURSING FACILITY	620,209		620,209			45.00
46.00	04600	OTHER LONG TERM CARE	1,688,796		1,688,796			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	228,854,319	112,850,960	341,705,279	0.302121	0.000000	50.00
51.00	05100	RECOVERY ROOM	27,627,856	50,458,334	78,086,190	0.371217	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,264,725	2,640,023	11,904,748	1.000017	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	60,054,137	56,318,023	116,372,160	0.113090	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,256,133	141,865,554	230,121,687	0.198133	0.000000	54.00
54.01	05401	ULTRASOUND	9,018,479	30,065,021	39,083,500	0.136628	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,229,704	185,865,201	196,094,905	0.182216	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,946,542	12,810,483	17,757,025	0.372523	0.000000	56.00
57.00	05700	CT SCAN	76,164,728	127,292,276	203,457,004	0.046320	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,032,333	116,294,663	151,326,996	0.088821	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,120,023	31,579,081	58,699,104	0.216282	0.000000	59.00
60.00	06000	LABORATORY	349,242,861	230,403,375	579,646,236	0.115472	0.000000	60.00
60.01	06001	HLA LAB	7,580,097	22,709,163	30,289,260	0.171522	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	129,030,669	54,536,511	183,567,180	0.242981	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	60,113,723	3,960,873	64,074,596	0.297353	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	23,085,078	504,983	23,590,061	0.340329	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,905,730	413,400	8,319,130	0.335548	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,553,582	142,240	2,695,822	0.412302	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	60,183,948	58,467,211	118,651,159	0.086020	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,817,311	1,329,163	14,146,474	0.149907	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	200,040,084	72,050,218	272,090,302	0.431837	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	206,797,686	63,419,760	270,217,446	0.484048	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	310,432,791	109,271,660	419,704,451	0.371564	0.000000	73.00
74.00	07400	RENAL DIALYSIS	21,242,447	687,179	21,929,626	0.233287	0.000000	74.00
76.00	03330	ENDOSCOPY	11,482,916	29,055,030	40,537,946	0.256329	0.000000	76.00
76.01	03950	OB/GYN IN VITRO	0	3,464,335	3,464,335	0.832602	0.000000	76.01
76.02	03320	ELECTROSHOCK THERAPY	544,830	1,238,128	1,782,958	0.356282	0.000000	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	37,800	1,114,020	1,151,820	0.478376	0.000000	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,799	639,738	641,537	0.240245	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,454,719	47,604,018	49,058,737	0.525680	0.000000	90.00
90.01	04950	OUTPATIENT PSYCH	12,066	3,846,147	3,858,213	0.460325	0.000000	90.01
91.00	09100	EMERGENCY	76,901,419	96,161,907	173,063,326	0.198530	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	343,204	2,414,684	2,757,888	1.239605	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	14,118,565	0	14,118,565			105.00
106.00	10600	HEART ACQUISITION	2,599,299	0	2,599,299			106.00
107.00	10700	LIVER ACQUISITION	7,173,561	0	7,173,561			107.00
108.00	10800	LUNG ACQUISITION	5,067,453	0	5,067,453			108.00
109.00	10900	PANCREAS ACQUISITION	1,058,552	0	1,058,552			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW	4,692,084	1,099,515	5,791,599			112.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	2,531,090,869	1,672,572,877	4,203,663,746			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	2,531,090,869	1,672,572,877	4,203,663,746			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.01	02041	NEURO-ICU			35.01
35.02	02042	CARDIO-THORACIC ICU			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	HLA LAB	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03330	ENDOSCOPY	0.000000		76.00
76.01	03950	OB/GYN IN VITRO	0.000000		76.01
76.02	03320	ELECTROSHOCK THERAPY	0.000000		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.000000		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT PSYCH	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQ - BONE MARROW			112.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,529,886	0	12,529,886	253,327	49.46	30.00
31.00	INTENSIVE CARE UNIT	637,681		637,681	9,572	66.62	31.00
32.00	CORONARY CARE UNIT	335,277		335,277	4,629	72.43	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	770,024		770,024	10,790	71.36	34.00
35.01	NEURO-ICU	449,084		449,084	6,329	70.96	35.01
35.02	CARDIO-THORACIC ICU	742,125		742,125	7,152	103.76	35.02
40.00	SUBPROVIDER - IPF	687,715	0	687,715	12,919	53.23	40.00
43.00	NURSERY	92,700		92,700	6,132	15.12	43.00
44.00	SKILLED NURSING FACILITY	1,180,173		1,180,173	22,494	52.47	44.00
45.00	NURSING FACILITY	116,066		116,066	2,996	38.74	45.00
200.00	Total (lines 30-199)	17,540,731		17,540,731	336,340		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	89,417	4,422,565		30.00
31.00	INTENSIVE CARE UNIT	4,075	271,477		31.00
32.00	CORONARY CARE UNIT	2,138	154,855		32.00
34.00	SURGICAL INTENSIVE CARE UNIT	4,238	302,424		34.00
35.01	NEURO-ICU	2,234	158,525		35.01
35.02	CARDIO-THORACIC ICU	2,704	280,567		35.02
40.00	SUBPROVIDER - IPF	4,112	218,882		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	12,151	637,563		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	121,069	6,446,858		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,721,220	341,705,279	0.034302	73,014,051	2,504,528	50.00
51.00	05100	RECOVERY ROOM	1,672,118	78,086,190	0.021414	8,667,664	185,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,635	11,904,748	0.051965	146,910	7,634	52.00
53.00	05300	ANESTHESIOLOGY	1,420,263	116,372,160	0.012204	18,363,695	224,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,741,054	230,121,687	0.037984	31,512,100	1,196,956	54.00
54.01	05401	ULTRASOUND	1,049,135	39,083,500	0.026843	3,085,101	82,813	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,908,689	196,094,905	0.025032	3,452,375	86,420	55.00
56.00	05600	RADIOISOTOPE	854,892	17,757,025	0.048144	2,203,643	106,092	56.00
57.00	05700	CT SCAN	1,470,536	203,457,004	0.007228	26,810,994	193,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,798,172	151,326,996	0.018491	10,504,033	194,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,730,813	58,699,104	0.029486	12,193,493	359,537	59.00
60.00	06000	LABORATORY	3,208,598	579,646,236	0.005535	123,257,120	682,228	60.00
60.01	06001	HLA LAB	217,151	30,289,260	0.007169	3,085,101	22,117	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,519,586	183,567,180	0.008278	45,615,418	377,604	63.00
65.00	06500	RESPIRATORY THERAPY	1,336,242	64,074,596	0.020854	25,856,082	539,203	65.00
66.00	06600	PHYSICAL THERAPY	256,807	23,590,061	0.010886	6,243,656	67,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,270	8,319,130	0.009048	3,232,010	29,243	67.00
68.00	06800	SPEECH PATHOLOGY	48,490	2,695,822	0.017987	1,101,822	19,818	68.00
69.00	06900	ELECTROCARDIOLOGY	846,125	118,651,159	0.007131	25,856,082	184,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,592	14,146,474	0.011423	4,407,287	50,344	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,654,909	272,090,302	0.028134	72,646,777	2,043,844	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,497,737	270,217,446	0.031448	85,501,363	2,688,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,644,435	419,704,451	0.013449	108,859,983	1,464,058	73.00
74.00	07400	RENAL DIALYSIS	347,144	21,929,626	0.015830	11,458,946	181,395	74.00
76.00	03330	ENDOSCOPY	819,373	40,537,946	0.020212	4,554,196	92,049	76.00
76.01	03950	OB/GYN IN VITRO	455,990	3,464,335	0.131624	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	49,537	1,782,958	0.027784	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	12,427	1,151,820	0.010789	15,120	163	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,919	641,537	0.029490	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,305,519	49,058,737	0.046995	587,638	27,616	90.00
90.01	04950	OUTPATIENT PSYCH	322,895	3,858,213	0.083690	0	0	90.01
91.00	09100	EMERGENCY	2,020,160	173,063,326	0.011673	22,330,253	260,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	175,687	2,757,888	0.063703	157,224	10,016	92.00
200.00		Total (lines 50-199)	72,980,120	3,729,847,101		734,720,137	13,883,274	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,420,976	65,795	0	0	3,486,771	30.00
31.00	03100	INTENSIVE CARE UNIT	134,316	4,674	0		138,990	31.00
32.00	03200	CORONARY CARE UNIT	0	2,416	0		2,416	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,442	0		4,442	34.00
35.01	02041	NEURO-ICU	0	2,702	0		2,702	35.01
35.02	02042	CARDIO-THORACIC ICU	0	3,268	0		3,268	35.02
40.00	04000	SUBPROVIDER - IPF	185,574	3,910	0	0	189,484	40.00
43.00	04300	NURSERY	0	559	0		559	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,089	0		3,089	44.00
45.00	04500	NURSING FACILITY	0	361	0		361	45.00
200.00		Total (lines 30-199)	3,740,866	91,216	0		3,832,082	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	253,327	13.76	89,417	1,230,378	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,572	14.52	4,075	59,169	0	31.00
32.00	03200	CORONARY CARE UNIT	4,629	0.52	2,138	1,112	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,790	0.41	4,238	1,738	0	34.00
35.01	02041	NEURO-ICU	6,329	0.43	2,234	961	0	35.01
35.02	02042	CARDIO-THORACIC ICU	7,152	0.46	2,704	1,244	0	35.02
40.00	04000	SUBPROVIDER - IPF	12,919	14.67	4,112	60,323	0	40.00
43.00	04300	NURSERY	6,132	0.09	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22,494	0.14	12,151	1,701	0	44.00
45.00	04500	NURSING FACILITY	2,996	0.12	0	0	0	45.00
200.00		Total (lines 30-199)	336,340		121,069	1,356,626	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02041	NEURO-ICU	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	29,970	0	29,970	50.00
51.00	05100	RECOVERY ROOM	0	0	7,043	0	7,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,193	3,124	0	101,317	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,734	0	5,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,907	0	12,907	54.00
54.01	05401	ULTRASOUND	0	0	1,620	0	1,620	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,978	0	8,978	55.00
56.00	05600	RADIOISOTOPE	0	0	2,024	0	2,024	56.00
57.00	05700	CT SCAN	0	0	2,446	0	2,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,001	0	4,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,529	0	3,529	59.00
60.00	06000	LABORATORY	0	0	17,836	0	17,836	60.00
60.01	06001	HLA LAB	0	0	1,256	0	1,256	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	11,024	0	11,024	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,721	0	4,721	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,108	0	2,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	664	0	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	264	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,713	0	2,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,586	0	1,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,958	0	27,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,123	0	31,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,319	0	316,319	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,269	0	1,269	74.00
76.00	03330	ENDOSCOPY	0	0	2,890	0	2,890	76.00
76.01	03950	OB/GYN IN VITRO	0	0	735	0	735	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	200	0	200	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	131	0	131	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37	0	37	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,208	0	8,208	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,063	0	1,063	90.01
91.00	09100	EMERGENCY	0	1,526	10,150	0	11,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,968	923	0	48,891	92.00
200.00		Total (lines 50-199)	0	147,687	524,554	0	672,241	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,970	341,705,279	0.000088	0.000088	73,014,051	50.00
51.00	05100	RECOVERY ROOM	7,043	78,086,190	0.000090	0.000090	8,667,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,317	11,904,748	0.008511	0.008511	146,910	52.00
53.00	05300	ANESTHESIOLOGY	5,734	116,372,160	0.000049	0.000049	18,363,695	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,907	230,121,687	0.000056	0.000056	31,512,100	54.00
54.01	05401	ULTRASOUND	1,620	39,083,500	0.000041	0.000041	3,085,101	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,978	196,094,905	0.000046	0.000046	3,452,375	55.00
56.00	05600	RADIOISOTOPE	2,024	17,757,025	0.000114	0.000114	2,203,643	56.00
57.00	05700	CT SCAN	2,446	203,457,004	0.000012	0.000012	26,810,994	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,001	151,326,996	0.000026	0.000026	10,504,033	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,529	58,699,104	0.000060	0.000060	12,193,493	59.00
60.00	06000	LABORATORY	17,836	579,646,236	0.000031	0.000031	123,257,120	60.00
60.01	06001	HLA LAB	1,256	30,289,260	0.000041	0.000041	3,085,101	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,024	183,567,180	0.000060	0.000060	45,615,418	63.00
65.00	06500	RESPIRATORY THERAPY	4,721	64,074,596	0.000074	0.000074	25,856,082	65.00
66.00	06600	PHYSICAL THERAPY	2,108	23,590,061	0.000089	0.000089	6,243,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	664	8,319,130	0.000080	0.000080	3,232,010	67.00
68.00	06800	SPEECH PATHOLOGY	264	2,695,822	0.000098	0.000098	1,101,822	68.00
69.00	06900	ELECTROCARDIOLOGY	2,713	118,651,159	0.000023	0.000023	25,856,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	14,146,474	0.000112	0.000112	4,407,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,958	272,090,302	0.000103	0.000103	72,646,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,123	270,217,446	0.000115	0.000115	85,501,363	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,319	419,704,451	0.000754	0.000754	108,859,983	73.00
74.00	07400	RENAL DIALYSIS	1,269	21,929,626	0.000058	0.000058	11,458,946	74.00
76.00	03330	ENDOSCOPY	2,890	40,537,946	0.000071	0.000071	4,554,196	76.00
76.01	03950	OB/GYN IN VITRO	735	3,464,335	0.000212	0.000212	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	200	1,782,958	0.000112	0.000112	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	131	1,151,820	0.000114	0.000114	15,120	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	37	641,537	0.000058	0.000058	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,208	49,058,737	0.000167	0.000167	587,638	90.00
90.01	04950	OUTPATIENT PSYCH	1,063	3,858,213	0.000276	0.000276	0	90.01
91.00	09100	EMERGENCY	11,676	173,063,326	0.000067	0.000067	22,330,253	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	48,891	2,757,888	0.017728	0.017728	157,224	92.00
200.00		Total (lines 50-199)	672,241	3,729,847,101			734,720,137	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,425	27,054,225	2,381	0	0	50.00
51.00	05100	RECOVERY ROOM	780	11,244,931	1,012	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,250	41,494	353	0	0	52.00
53.00	05300	ANESTHESIOLOGY	900	12,199,298	598	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765	37,469,272	2,098	0	0	54.00
54.01	05401	ULTRASOUND	126	4,273,904	175	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	159	55,809,714	2,567	0	0	55.00
56.00	05600	RADIOISOTOPE	251	4,149,421	473	0	0	56.00
57.00	05700	CT SCAN	322	39,336,511	472	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	273	26,307,329	684	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	732	13,610,101	817	0	0	59.00
60.00	06000	LABORATORY	3,821	21,328,024	661	0	0	60.00
60.01	06001	HLA LAB	126	2,531,147	104	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,737	19,087,337	1,145	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,913	1,742,757	129	0	0	65.00
66.00	06600	PHYSICAL THERAPY	556	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	259	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	108	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	595	18,340,441	422	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	494	456,436	51	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,483	19,211,819	1,979	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,833	22,946,298	2,639	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,080	39,170,534	29,535	0	0	73.00
74.00	07400	RENAL DIALYSIS	665	663,907	39	0	0	74.00
76.00	03330	ENDOSCOPY	323	8,381,830	595	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	2	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	248,965	14	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	98	12,863,205	2,148	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	663,907	183	0	0	90.01
91.00	09100	EMERGENCY	1,496	15,394,352	1,031	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,787	414,942	7,356	0	0	92.00
200.00		Total (lines 50-199)	128,359	414,942,101	59,661	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.302121	27,054,225	0	0	8,173,650	50.00
51.00	05100	RECOVERY ROOM	0.371217	11,244,931	0	0	4,174,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	41,494	0	0	41,495	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	12,199,298	0	0	1,379,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	37,469,272	74	0	7,423,899	54.00
54.01	05401	ULTRASOUND	0.136628	4,273,904	0	0	583,935	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	55,809,714	0	0	10,169,423	55.00
56.00	05600	RADIOISOTOPE	0.372523	4,149,421	0	0	1,545,755	56.00
57.00	05700	CT SCAN	0.046320	39,336,511	0	0	1,822,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	26,307,329	0	0	2,336,643	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	13,610,101	0	0	2,943,620	59.00
60.00	06000	LABORATORY	0.115472	21,328,024	635,835	0	2,462,790	60.00
60.01	06001	HLA LAB	0.171522	2,531,147	0	0	434,147	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	19,087,337	0	0	4,637,860	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	1,742,757	284,473	0	518,214	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	18,340,441	0	0	1,577,645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	456,436	0	0	68,423	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	19,211,819	0	0	8,296,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	22,946,298	0	0	11,107,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	39,170,534	2,103	28,600	14,554,360	73.00
74.00	07400	RENAL DIALYSIS	0.233287	663,907	0	0	154,881	74.00
76.00	03330	ENDOSCOPY	0.256329	8,381,830	0	0	2,148,506	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	542,700	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	248,965	0	0	59,813	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.525680	12,863,205	0	0	6,761,930	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	663,907	0	0	305,613	90.01
91.00	09100	EMERGENCY	0.198530	15,394,352	0	0	3,056,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	414,942	140	0	514,364	92.00
200.00		Subtotal (see instructions)		414,942,101	1,465,325	28,600	97,252,687	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		414,942,101	1,465,325	28,600	97,252,687	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	73,421	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	84,589	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	781	10,627		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	259,615	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	174	0		92.00
200.00		Subtotal (see instructions)	418,595	10,627		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	418,595	10,627		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032
Component CCN: 26S032

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part II
Date/Time Prepared:
5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,721,220	341,705,279	0.034302	34,925	1,198	50.00
51.00	05100	RECOVERY ROOM	1,672,118	78,086,190	0.021414	935	20	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,635	11,904,748	0.051965	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,420,263	116,372,160	0.012204	276,284	3,372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,741,054	230,121,687	0.037984	67,044	2,547	54.00
54.01	05401	ULTRASOUND	1,049,135	39,083,500	0.026843	5,301	142	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,908,689	196,094,905	0.025032	0	0	55.00
56.00	05600	RADIOISOTOPE	854,892	17,757,025	0.048144	0	0	56.00
57.00	05700	CT SCAN	1,470,536	203,457,004	0.007228	88,249	638	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,798,172	151,326,996	0.018491	67,044	1,240	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,730,813	58,699,104	0.029486	0	0	59.00
60.00	06000	LABORATORY	3,208,598	579,646,236	0.005535	729,065	4,035	60.00
60.01	06001	HLA LAB	217,151	30,289,260	0.007169	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,519,586	183,567,180	0.008278	6,860	57	63.00
65.00	06500	RESPIRATORY THERAPY	1,336,242	64,074,596	0.020854	94,173	1,964	65.00
66.00	06600	PHYSICAL THERAPY	256,807	23,590,061	0.010886	16,839	183	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,270	8,319,130	0.009048	20,581	186	67.00
68.00	06800	SPEECH PATHOLOGY	48,490	2,695,822	0.017987	4,366	79	68.00
69.00	06900	ELECTROCARDIOLOGY	846,125	118,651,159	0.007131	43,345	309	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,592	14,146,474	0.011423	27,129	310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,654,909	272,090,302	0.028134	31,495	886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,497,737	270,217,446	0.031448	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,644,435	419,704,451	0.013449	845,378	11,369	73.00
74.00	07400	RENAL DIALYSIS	347,144	21,929,626	0.015830	16,839	267	74.00
76.00	03330	ENDOSCOPY	819,373	40,537,946	0.020212	1,559	32	76.00
76.01	03950	OB/GYN IN VITRO	455,990	3,464,335	0.131624	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	49,537	1,782,958	0.027784	208,616	5,796	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	12,427	1,151,820	0.010789	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,919	641,537	0.029490	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,305,519	49,058,737	0.046995	312	15	90.00
90.01	04950	OUTPATIENT PSYCH	322,895	3,858,213	0.083690	4,054	339	90.01
91.00	09100	EMERGENCY	2,020,160	173,063,326	0.011673	527,933	6,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,757,888	0.000000	0	0	92.00
200.00		Total (lines 50-199)	72,804,433	3,729,847,101		3,118,326	41,147	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	29,970	0	29,970	50.00
51.00	05100	RECOVERY ROOM	0	0	7,043	0	7,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,193	3,124	0	101,317	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,734	0	5,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,907	0	12,907	54.00
54.01	05401	ULTRASOUND	0	0	1,620	0	1,620	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,978	0	8,978	55.00
56.00	05600	RADIOISOTOPE	0	0	2,024	0	2,024	56.00
57.00	05700	CT SCAN	0	0	2,446	0	2,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,001	0	4,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,529	0	3,529	59.00
60.00	06000	LABORATORY	0	0	17,836	0	17,836	60.00
60.01	06001	HLA LAB	0	0	1,256	0	1,256	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	11,024	0	11,024	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,721	0	4,721	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,108	0	2,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	664	0	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	264	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,713	0	2,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,586	0	1,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,958	0	27,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,123	0	31,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,319	0	316,319	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,269	0	1,269	74.00
76.00	03330	ENDOSCOPY	0	0	2,890	0	2,890	76.00
76.01	03950	OB/GYN IN VITRO	0	0	735	0	735	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	200	0	200	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	131	0	131	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37	0	37	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,208	0	8,208	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,063	0	1,063	90.01
91.00	09100	EMERGENCY	0	1,526	10,150	0	11,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	99,719	523,631	0	623,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,970	341,705,279	0.000088	0.000088	34,925	50.00
51.00	05100	RECOVERY ROOM	7,043	78,086,190	0.000090	0.000090	935	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,317	11,904,748	0.008511	0.008511	0	52.00
53.00	05300	ANESTHESIOLOGY	5,734	116,372,160	0.000049	0.000049	276,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,907	230,121,687	0.000056	0.000056	67,044	54.00
54.01	05401	ULTRASOUND	1,620	39,083,500	0.000041	0.000041	5,301	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,978	196,094,905	0.000046	0.000046	0	55.00
56.00	05600	RADIOISOTOPE	2,024	17,757,025	0.000114	0.000114	0	56.00
57.00	05700	CT SCAN	2,446	203,457,004	0.000012	0.000012	88,249	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,001	151,326,996	0.000026	0.000026	67,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,529	58,699,104	0.000060	0.000060	0	59.00
60.00	06000	LABORATORY	17,836	579,646,236	0.000031	0.000031	729,065	60.00
60.01	06001	HLA LAB	1,256	30,289,260	0.000041	0.000041	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,024	183,567,180	0.000060	0.000060	6,860	63.00
65.00	06500	RESPIRATORY THERAPY	4,721	64,074,596	0.000074	0.000074	94,173	65.00
66.00	06600	PHYSICAL THERAPY	2,108	23,590,061	0.000089	0.000089	16,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	664	8,319,130	0.000080	0.000080	20,581	67.00
68.00	06800	SPEECH PATHOLOGY	264	2,695,822	0.000098	0.000098	4,366	68.00
69.00	06900	ELECTROCARDIOLOGY	2,713	118,651,159	0.000023	0.000023	43,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	14,146,474	0.000112	0.000112	27,129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,958	272,090,302	0.000103	0.000103	31,495	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,123	270,217,446	0.000115	0.000115	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,319	419,704,451	0.000754	0.000754	845,378	73.00
74.00	07400	RENAL DIALYSIS	1,269	21,929,626	0.000058	0.000058	16,839	74.00
76.00	03330	ENDOSCOPY	2,890	40,537,946	0.000071	0.000071	1,559	76.00
76.01	03950	OB/GYN IN VITRO	735	3,464,335	0.000212	0.000212	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	200	1,782,958	0.000112	0.000112	208,616	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	131	1,151,820	0.000114	0.000114	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	37	641,537	0.000058	0.000058	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,208	49,058,737	0.000167	0.000167	312	90.00
90.01	04950	OUTPATIENT PSYCH	1,063	3,858,213	0.000276	0.000276	4,054	90.01
91.00	09100	EMERGENCY	11,676	173,063,326	0.000067	0.000067	527,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,757,888	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	623,350	3,729,847,101			3,118,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3	4,585	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14	445,223	22	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4	23,014	1	0	0	54.00
54.01	05401	ULTRASOUND	0	1,894	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,186	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1	51,716	1	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2	20,856	1	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	23	1,260	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7	450	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	17,868	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	934	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3	952	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	637	432,468	326	0	0	73.00
74.00	07400	RENAL DIALYSIS	1	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	23	352,723	40	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	354,172	59	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	1	1,192,217	329	0	0	90.01
91.00	09100	EMERGENCY	35	373,662	25	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	210	0	0	0	92.00
200.00		Total (lines 50-199)	761	3,277,390	804	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.302121	4,585	0	0	1,385	50.00
51.00	05100	RECOVERY ROOM	0.371217	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	445,223	0	0	50,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	23,014	0	0	4,560	54.00
54.01	05401	ULTRASOUND	0.136628	1,894	0	0	259	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	3,186	0	0	581	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	0	0	56.00
57.00	05700	CT SCAN	0.046320	51,716	0	0	2,395	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	20,856	0	0	1,852	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	0	0	59.00
60.00	06000	LABORATORY	0.115472	1,260	0	0	145	60.00
60.01	06001	HLA LAB	0.171522	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	450	0	0	134	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	17,868	0	0	1,537	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	934	0	0	140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	952	0	0	411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	432,468	0	0	160,690	73.00
74.00	07400	RENAL DIALYSIS	0.233287	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.256329	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	352,723	0	0	125,669	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.525680	354,172	0	0	186,181	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	1,192,217	0	0	548,807	90.01
91.00	09100	EMERGENCY	0.198530	373,662	0	0	74,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	210	0	0	260	92.00
200.00		Subtotal (see instructions)		3,277,390	0	0	1,159,539	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		3,277,390	0	0	1,159,539	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	29,970	0	29,970	50.00
51.00	05100	RECOVERY ROOM	0	0	7,043	0	7,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,193	3,124	0	101,317	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,734	0	5,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,907	0	12,907	54.00
54.01	05401	ULTRASOUND	0	0	1,620	0	1,620	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,978	0	8,978	55.00
56.00	05600	RADIOISOTOPE	0	0	2,024	0	2,024	56.00
57.00	05700	CT SCAN	0	0	2,446	0	2,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,001	0	4,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,529	0	3,529	59.00
60.00	06000	LABORATORY	0	0	17,836	0	17,836	60.00
60.01	06001	HLA LAB	0	0	1,256	0	1,256	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	11,024	0	11,024	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,721	0	4,721	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,108	0	2,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	664	0	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	264	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,713	0	2,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,586	0	1,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,958	0	27,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,123	0	31,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,319	0	316,319	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,269	0	1,269	74.00
76.00	03330	ENDOSCOPY	0	0	2,890	0	2,890	76.00
76.01	03950	OB/GYN IN VITRO	0	0	735	0	735	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	200	0	200	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	131	0	131	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37	0	37	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,208	0	8,208	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,063	0	1,063	90.01
91.00	09100	EMERGENCY	0	1,526	10,150	0	11,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	99,719	523,631	0	623,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,970	341,705,279	0.000088	0.000088	0	50.00
51.00	05100	RECOVERY ROOM	7,043	78,086,190	0.000090	0.000090	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,317	11,904,748	0.008511	0.008511	0	52.00
53.00	05300	ANESTHESIOLOGY	5,734	116,372,160	0.000049	0.000049	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,907	230,121,687	0.000056	0.000056	18,586	54.00
54.01	05401	ULTRASOUND	1,620	39,083,500	0.000041	0.000041	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,978	196,094,905	0.000046	0.000046	0	55.00
56.00	05600	RADIOISOTOPE	2,024	17,757,025	0.000114	0.000114	0	56.00
57.00	05700	CT SCAN	2,446	203,457,004	0.000012	0.000012	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,001	151,326,996	0.000026	0.000026	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,529	58,699,104	0.000060	0.000060	0	59.00
60.00	06000	LABORATORY	17,836	579,646,236	0.000031	0.000031	263,226	60.00
60.01	06001	HLA LAB	1,256	30,289,260	0.000041	0.000041	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,024	183,567,180	0.000060	0.000060	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,721	64,074,596	0.000074	0.000074	0	65.00
66.00	06600	PHYSICAL THERAPY	2,108	23,590,061	0.000089	0.000089	2,472,886	66.00
67.00	06700	OCCUPATIONAL THERAPY	664	8,319,130	0.000080	0.000080	2,338,956	67.00
68.00	06800	SPEECH PATHOLOGY	264	2,695,822	0.000098	0.000098	336,985	68.00
69.00	06900	ELECTROCARDIOLOGY	2,713	118,651,159	0.000023	0.000023	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	14,146,474	0.000112	0.000112	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,958	272,090,302	0.000103	0.000103	148,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,123	270,217,446	0.000115	0.000115	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,319	419,704,451	0.000754	0.000754	1,458,478	73.00
74.00	07400	RENAL DIALYSIS	1,269	21,929,626	0.000058	0.000058	0	74.00
76.00	03330	ENDOSCOPY	2,890	40,537,946	0.000071	0.000071	0	76.00
76.01	03950	OB/GYN IN VITRO	735	3,464,335	0.000212	0.000212	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	200	1,782,958	0.000112	0.000112	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	131	1,151,820	0.000114	0.000114	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	37	641,537	0.000058	0.000058	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,208	49,058,737	0.000167	0.000167	0	90.00
90.01	04950	OUTPATIENT PSYCH	1,063	3,858,213	0.000276	0.000276	0	90.01
91.00	09100	EMERGENCY	11,676	173,063,326	0.000067	0.000067	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,757,888	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	623,350	3,729,847,101			7,037,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8	0	0	0	0	60.00
60.01	06001	HLA LAB	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	220	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	187	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	33	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,100	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	1,564	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,529,886	0	12,529,886	253,327	49.46	30.00
31.00	INTENSIVE CARE UNIT	637,681		637,681	9,572	66.62	31.00
32.00	CORONARY CARE UNIT	335,277		335,277	4,629	72.43	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	770,024		770,024	10,790	71.36	34.00
35.01	NEURO-ICU	449,084		449,084	6,329	70.96	35.01
35.02	CARDIO-THORACIC ICU	742,125		742,125	7,152	103.76	35.02
40.00	SUBPROVIDER - IPF	687,715	0	687,715	12,919	53.23	40.00
43.00	NURSERY	92,700		92,700	6,132	15.12	43.00
44.00	SKILLED NURSING FACILITY	1,180,173		1,180,173	22,494	52.47	44.00
45.00	NURSING FACILITY	116,066		116,066	2,996	38.74	45.00
200.00	Total (lines 30-199)	17,540,731		17,540,731	336,340		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,219	1,346,252				30.00
31.00	INTENSIVE CARE UNIT	1,479	98,531				31.00
32.00	CORONARY CARE UNIT	568	41,140				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,180	84,205				34.00
35.01	NEURO-ICU	668	47,401				35.01
35.02	CARDIO-THORACIC ICU	413	42,853				35.02
40.00	SUBPROVIDER - IPF	3,351	178,374				40.00
43.00	NURSERY	1,096	16,572				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	1,767	68,454				45.00
200.00	Total (lines 30-199)	37,741	1,923,782				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,721,220	341,705,279	0.034302	15,824,796	542,822	50.00
51.00	05100	RECOVERY ROOM	1,672,118	78,086,190	0.021414	1,924,667	41,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,635	11,904,748	0.051965	1,440,908	74,877	52.00
53.00	05300	ANESTHESIOLOGY	1,420,263	116,372,160	0.012204	4,628,926	56,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,741,054	230,121,687	0.037984	8,857,447	336,441	54.00
54.01	05401	ULTRASOUND	1,049,135	39,083,500	0.026843	1,185,509	31,823	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,908,689	196,094,905	0.025032	1,647,021	41,228	55.00
56.00	05600	RADIOISOTOPE	854,892	17,757,025	0.048144	598,091	28,794	56.00
57.00	05700	CT SCAN	1,470,536	203,457,004	0.007228	9,260,367	66,934	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,798,172	151,326,996	0.018491	4,672,205	86,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,730,813	58,699,104	0.029486	2,294,071	67,643	59.00
60.00	06000	LABORATORY	3,208,598	579,646,236	0.005535	36,291,033	200,871	60.00
60.01	06001	HLA LAB	217,151	30,289,260	0.007169	290,767	2,085	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,519,586	183,567,180	0.008278	10,823,165	89,594	63.00
65.00	06500	RESPIRATORY THERAPY	1,336,242	64,074,596	0.020854	6,942,458	144,778	65.00
66.00	06600	PHYSICAL THERAPY	256,807	23,590,061	0.010886	1,219,367	13,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,270	8,319,130	0.009048	767,961	6,949	67.00
68.00	06800	SPEECH PATHOLOGY	48,490	2,695,822	0.017987	267,221	4,807	68.00
69.00	06900	ELECTROCARDIOLOGY	846,125	118,651,159	0.007131	6,366,890	45,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,592	14,146,474	0.011423	1,560,430	17,825	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,654,909	272,090,302	0.028134	16,643,521	468,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,497,737	270,217,446	0.031448	10,809,450	339,936	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,644,435	419,704,451	0.013449	29,962,599	402,967	73.00
74.00	07400	RENAL DIALYSIS	347,144	21,929,626	0.015830	1,598,431	25,303	74.00
76.00	03330	ENDOSCOPY	819,373	40,537,946	0.020212	1,089,561	22,022	76.00
76.01	03950	OB/GYN IN VITRO	455,990	3,464,335	0.131624	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	49,537	1,782,958	0.027784	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	12,427	1,151,820	0.010789	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,919	641,537	0.029490	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,305,519	49,058,737	0.046995	213,623	10,039	90.00
90.01	04950	OUTPATIENT PSYCH	322,895	3,858,213	0.083690	240	20	90.01
91.00	09100	EMERGENCY	2,020,160	173,063,326	0.011673	11,850,809	138,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,757,888	0.000000	16,309	0	92.00
200.00		Total (lines 50-199)	72,804,433	3,729,847,101		189,047,843	3,307,117	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,420,976	65,795	0	0	3,486,771	30.00
31.00	03100	INTENSIVE CARE UNIT	134,316	4,674	0		138,990	31.00
32.00	03200	CORONARY CARE UNIT	0	2,416	0		2,416	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	4,442	0		4,442	34.00
35.01	02041	NEURO-ICU	0	2,702	0		2,702	35.01
35.02	02042	CARDIO-THORACIC ICU	0	3,268	0		3,268	35.02
40.00	04000	SUBPROVIDER - IPF	185,574	3,910	0	0	189,484	40.00
43.00	04300	NURSERY	0	559	0		559	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,089	0		3,089	44.00
45.00	04500	NURSING FACILITY	0	361	0		361	45.00
200.00		Total (lines 30-199)	3,740,866	91,216	0		3,832,082	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	253,327	13.76	27,219	374,533	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,572	14.52	1,479	21,475	0	31.00
32.00	03200	CORONARY CARE UNIT	4,629	0.52	568	295	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,790	0.41	1,180	484	0	34.00
35.01	02041	NEURO-ICU	6,329	0.43	668	287	0	35.01
35.02	02042	CARDIO-THORACIC ICU	7,152	0.46	413	190	0	35.02
40.00	04000	SUBPROVIDER - IPF	12,919	14.67	3,351	49,159	0	40.00
43.00	04300	NURSERY	6,132	0.09	1,096	99	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22,494	0.14	0	0	0	44.00
45.00	04500	NURSING FACILITY	2,996	0.12	1,767	212	0	45.00
200.00		Total (lines 30-199)	336,340		37,741	446,734	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.01	02041	NEURO-ICU	0	0	35.01
35.02	02042	CARDIO-THORACIC ICU	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	Cost	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	29,970	0	29,970	50.00
51.00	05100	RECOVERY ROOM	0	0	7,043	0	7,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	98,193	3,124	0	101,317	52.00
53.00	05300	ANESTHESIOLOGY	0	0	5,734	0	5,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,907	0	12,907	54.00
54.01	05401	ULTRASOUND	0	0	1,620	0	1,620	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	8,978	0	8,978	55.00
56.00	05600	RADIOISOTOPE	0	0	2,024	0	2,024	56.00
57.00	05700	CT SCAN	0	0	2,446	0	2,446	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,001	0	4,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,529	0	3,529	59.00
60.00	06000	LABORATORY	0	0	17,836	0	17,836	60.00
60.01	06001	HLA LAB	0	0	1,256	0	1,256	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	11,024	0	11,024	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,721	0	4,721	65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,108	0	2,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	664	0	664	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	264	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,713	0	2,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,586	0	1,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,958	0	27,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,123	0	31,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	316,319	0	316,319	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,269	0	1,269	74.00
76.00	03330	ENDOSCOPY	0	0	2,890	0	2,890	76.00
76.01	03950	OB/GYN IN VITRO	0	0	735	0	735	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	200	0	200	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	131	0	131	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	37	0	37	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	8,208	0	8,208	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	1,063	0	1,063	90.01
91.00	09100	EMERGENCY	0	1,526	10,150	0	11,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	99,719	523,631	0	623,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,970	341,705,279	0.000088	0.000088	15,824,796	50.00
51.00	05100	RECOVERY ROOM	7,043	78,086,190	0.000090	0.000090	1,924,667	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,317	11,904,748	0.008511	0.008511	1,440,908	52.00
53.00	05300	ANESTHESIOLOGY	5,734	116,372,160	0.000049	0.000049	4,628,926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,907	230,121,687	0.000056	0.000056	8,857,447	54.00
54.01	05401	ULTRASOUND	1,620	39,083,500	0.000041	0.000041	1,185,509	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,978	196,094,905	0.000046	0.000046	1,647,021	55.00
56.00	05600	RADIOISOTOPE	2,024	17,757,025	0.000114	0.000114	598,091	56.00
57.00	05700	CT SCAN	2,446	203,457,004	0.000012	0.000012	9,260,367	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,001	151,326,996	0.000026	0.000026	4,672,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,529	58,699,104	0.000060	0.000060	2,294,071	59.00
60.00	06000	LABORATORY	17,836	579,646,236	0.000031	0.000031	36,291,033	60.00
60.01	06001	HLA LAB	1,256	30,289,260	0.000041	0.000041	290,767	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,024	183,567,180	0.000060	0.000060	10,823,165	63.00
65.00	06500	RESPIRATORY THERAPY	4,721	64,074,596	0.000074	0.000074	6,942,458	65.00
66.00	06600	PHYSICAL THERAPY	2,108	23,590,061	0.000089	0.000089	1,219,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	664	8,319,130	0.000080	0.000080	767,961	67.00
68.00	06800	SPEECH PATHOLOGY	264	2,695,822	0.000098	0.000098	267,221	68.00
69.00	06900	ELECTROCARDIOLOGY	2,713	118,651,159	0.000023	0.000023	6,366,890	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,586	14,146,474	0.000112	0.000112	1,560,430	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,958	272,090,302	0.000103	0.000103	16,643,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,123	270,217,446	0.000115	0.000115	10,809,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,319	419,704,451	0.000754	0.000754	29,962,599	73.00
74.00	07400	RENAL DIALYSIS	1,269	21,929,626	0.000058	0.000058	1,598,431	74.00
76.00	03330	ENDOSCOPY	2,890	40,537,946	0.000071	0.000071	1,089,561	76.00
76.01	03950	OB/GYN IN VITRO	735	3,464,335	0.000212	0.000212	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	200	1,782,958	0.000112	0.000112	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	131	1,151,820	0.000114	0.000114	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	37	641,537	0.000058	0.000058	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	8,208	49,058,737	0.000167	0.000167	213,623	90.00
90.01	04950	OUTPATIENT PSYCH	1,063	3,858,213	0.000276	0.000276	240	90.01
91.00	09100	EMERGENCY	11,676	173,063,326	0.000067	0.000067	11,850,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,757,888	0.000000	0.000000	16,309	92.00
200.00		Total (lines 50-199)	623,350	3,729,847,101			189,047,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,393	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	173	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,264	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	227	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	496	0	0	0	0	54.00
54.01	05401	ULTRASOUND	49	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	76	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	68	0	0	0	0	56.00
57.00	05700	CT SCAN	111	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	121	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	138	0	0	0	0	59.00
60.00	06000	LABORATORY	1,125	0	0	0	0	60.00
60.01	06001	HLA LAB	12	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	649	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	514	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	109	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	61	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	26	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	146	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,714	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,243	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,592	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	93	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	77	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	36	0	0	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	794	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	44,482	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	HLA LAB	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03330	ENDOSCOPY	0	0		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	04950	OUTPATIENT PSYCH	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.302121	0	0	5,889,636	0	50.00
51.00	05100	RECOVERY ROOM	0.371217	0	0	2,603,507	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	324,161	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	0	0	3,048,023	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	0	0	9,914,119	0	54.00
54.01	05401	ULTRASOUND	0.136628	0	0	3,644,418	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	16,924,618	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	755,612	0	56.00
57.00	05700	CT SCAN	0.046320	0	0	9,870,061	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	0	0	7,150,669	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	1,691,950	0	59.00
60.00	06000	LABORATORY	0.115472	0	0	20,046,808	0	60.00
60.01	06001	HLA LAB	0.171522	0	0	490,618	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	0	0	2,658,512	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	0	0	300,567	0	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	0	0	18,091	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	0	0	23,464	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	0	0	11,438	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	0	0	3,938,734	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	0	0	109,300	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	0	0	3,825,125	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	2,754,715	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	0	0	6,315,479	0	73.00
74.00	07400	RENAL DIALYSIS	0.233287	0	0	23,272	0	74.00
76.00	03330	ENDOSCOPY	0.256329	0	0	2,239,455	0	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	31,350	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.525680	0	0	6,779,352	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	0	0	15,937	0	90.01
91.00	09100	EMERGENCY	0.198530	0	0	14,746,512	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	126,145,503	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	126,145,503	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	1,779,383		50.00
51.00	05100	RECOVERY ROOM	0	966,466		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	324,167		52.00
53.00	05300	ANESTHESIOLOGY	0	344,701		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,964,314		54.00
54.01	05401	ULTRASOUND	0	497,930		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,083,936		55.00
56.00	05600	RADIOISOTOPE	0	281,483		56.00
57.00	05700	CT SCAN	0	457,181		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	635,130		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	365,938		59.00
60.00	06000	LABORATORY	0	2,314,845		60.00
60.01	06001	HLA LAB	0	84,152		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	645,968		63.00
65.00	06500	RESPIRATORY THERAPY	0	89,374		65.00
66.00	06600	PHYSICAL THERAPY	0	6,157		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,873		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,716		68.00
69.00	06900	ELECTROCARDIOLOGY	0	338,810		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,385		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,651,831		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,333,414		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,346,605		73.00
74.00	07400	RENAL DIALYSIS	0	5,429		74.00
76.00	03330	ENDOSCOPY	0	574,037		76.00
76.01	03950	OB/GYN IN VITRO	0	0		76.01
76.02	03320	ELECTROSHOCK THERAPY	0	0		76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0		76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,532		76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	3,563,770		90.00
90.01	04950	OUTPATIENT PSYCH	0	7,336		90.01
91.00	09100	EMERGENCY	0	2,927,625		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	26,626,488		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	26,626,488		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D Part V
Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.302121	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.371217	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	0	0	194,830	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	0	0	5,650	0	54.00
54.01	05401	ULTRASOUND	0.136628	0	0	5,415	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	2,473	0	56.00
57.00	05700	CT SCAN	0.046320	0	0	5,260	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	0	0	6,578	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	0	0	59.00
60.00	06000	LABORATORY	0.115472	0	0	236,872	0	60.00
60.01	06001	HLA LAB	0.171522	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	0	0	1,148	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	0	0	2,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	0	0	20,090	0	73.00
74.00	07400	RENAL DIALYSIS	0.233287	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.256329	0	0	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	148,819	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.525680	0	0	5,341	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	0	0	1,267,365	0	90.01
91.00	09100	EMERGENCY	0.198530	0	0	1,565	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	1,903,539	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	1,903,539	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,119	54.00
54.01	05401	ULTRASOUND	0	740	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	921	56.00
57.00	05700	CT SCAN	0	244	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	584	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	27,352	60.00
60.01	06001	HLA LAB	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	279	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,465	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0	53,022	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	2,808	90.00
90.01	04950	OUTPATIENT PSYCH	0	583,400	90.01
91.00	09100	EMERGENCY	0	311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	700,461	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	700,461	202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	253,327	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	253,327	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	75,928	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	173,847	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	89,417	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	243,819,225	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	243,819,225	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	305,450,917	28.00
29.00	Private room charges (excluding swing-bed charges)	110,052,869	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	195,398,048	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.798227	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,449.44	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,123.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	325.47	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	259.80	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	19,726,094	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	224,093,131	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	962.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	86,061,180	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	86,061,180	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,250,796	9,572	1,593.27	4,075	6,492,575	43.00
44.00	CORONARY CARE UNIT	7,635,295	4,629	1,649.45	2,138	3,526,524	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	18,627,248	10,790	1,726.34	4,238	7,316,229	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	10,498,397	6,329	1,658.78	2,234	3,705,715	47.01
47.02	CARDIO-THORACIC ICU	13,722,338	7,152	1,918.67	2,704	5,188,084	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	202,501,616	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	314,791,923	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	6,885,015	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	14,011,633	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	20,896,648	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	293,895,275	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,552	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	962.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,418,693	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	12,529,886	243,819,225	0.051390	3,418,693	175,687	90.00
91.00	Nursing School cost	3,420,976	243,819,225	0.014031	3,418,693	47,968	91.00
92.00	Allied health cost	65,795	243,819,225	0.000270	3,418,693	923	92.00
93.00	All other Medical Education	0	243,819,225	0.000000	3,418,693	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,919	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	266	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,653	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,112	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	14,037,038	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,037,038	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	13,024,665	28.00
29.00	Private room charges (excluding swing-bed charges)	271,320	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,753,345	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.077727	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,020.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,007.93	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	12.07	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	13.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	3,461	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,033,577	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,086.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,467,852	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,467,852	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	715,493	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,183,345	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	279,205	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	41,908	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	321,113	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,862,232	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	687,715	14,037,038	0.048993	0	0	90.00
91.00	Nursing School cost	185,574	14,037,038	0.013220	0	0	91.00
92.00	Allied health cost	3,910	14,037,038	0.000279	0	0	92.00
93.00	All other Medical Education	0	14,037,038	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,494	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	7,650	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	14,844	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	12,151	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,982,632	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,982,632	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	10,533,790	28.00
29.00	Private room charges (excluding swing-bed charges)	3,725,550	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	6,808,240	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.232475	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	487.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	458.65	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	28.35	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	34.94	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	267,291	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,715,341	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	12,715,341	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	565.28	71.00
72.00	Program routine service cost (line 9 x line 71)	6,868,717	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	6,868,717	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	6,868,717	83.00
84.00	Program inpatient ancillary services (see instructions)	2,405,285	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	9,274,002	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	253,327	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	253,327	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	75,928	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	173,847	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	27,219	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	8,106	14.00
15.00	Total nursery days (title V or XIX only)	6,132	15.00
16.00	Nursery days (title V or XIX only)	1,096	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	243,819,225	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	243,819,225	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	305,450,917	28.00
29.00	Private room charges (excluding swing-bed charges)	110,052,869	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	195,398,048	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.798227	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,449.44	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,123.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	325.47	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	259.80	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	19,726,094	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	224,093,131	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	884.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	24,077,927	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	2,105,939	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	26,183,866	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,350,622	6,132	383.34	1,096	420,141	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,250,796	9,572	1,593.27	1,479	2,356,446	43.00
44.00	CORONARY CARE UNIT	7,635,295	4,629	1,649.45	568	936,888	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	18,627,248	10,790	1,726.34	1,180	2,037,081	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	10,498,397	6,329	1,658.78	668	1,108,065	47.01
47.02	CARDIO-THORACIC ICU	13,722,338	7,152	1,918.67	413	792,411	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	48,429,081	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	82,263,979	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,552	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	962.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,418,693	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,919	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,919	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	266	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,653	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,351	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	6,132	15.00
16.00	Nursery days (title V or XIX only)	1,096	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	14,037,038	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,037,038	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	13,024,665	28.00
29.00	Private room charges (excluding swing-bed charges)	271,320	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,753,345	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.077727	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,020.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,007.93	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	12.07	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	13.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	3,461	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,033,577	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,086.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,640,091	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,640,091	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU	0	0	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	582,255	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,222,346	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1

Component CCN: 265439 | Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Nursing Facility | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,996	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,996	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	701	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,295	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,767	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	6,132	15.00
16.00	Nursery days (title V or XIX only)	1,096	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,515,243	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,515,243	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	620,209	28.00
29.00	Private room charges (excluding swing-bed charges)	170,389	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	449,820	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	2.443117	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	243.07	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	196.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	47.07	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	115.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	80,615	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,434,628	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D-1
Date/Time Prepared: 5/27/2014 9:40 am

Title XIX Nursing Facility Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
47.01	NEURO-ICU						47.01
47.02	CARDIO-THORACIC ICU						47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	1,434,628	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	478.85	71.00
72.00	Program routine service cost (line 9 x line 71)	846,128	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	846,128	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	116,066	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	38.74	76.00
77.00	Program capital-related costs (line 9 x line 76)	68,454	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	777,674	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	777,674	80.00
81.00	Inpatient routine service cost per diem limitation	999.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	1,765,233	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	846,128	83.00
84.00	Program inpatient ancillary services (see instructions)	23,475	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	869,603	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D-1
Date/Time Prepared: 5/27/2014 9:40 am

Title XIX Nursing Facility Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		106,255,207		30.00
31.00	03100	INTENSIVE CARE UNIT		11,239,124		31.00
32.00	03200	CORONARY CARE UNIT		5,926,700		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		11,315,379		34.00
35.01	02041	NEURO-ICU		6,375,756		35.01
35.02	02042	CARDIO-THORACIC ICU		7,506,871		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	73,014,051	22,059,078	50.00
51.00	05100	RECOVERY ROOM	0.371217	8,667,664	3,217,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	146,910	146,912	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	18,363,695	2,076,750	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	31,512,100	6,243,587	54.00
54.01	05401	ULTRASOUND	0.136628	3,085,101	421,511	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	3,452,375	629,078	55.00
56.00	05600	RADIOISOTOPE	0.372523	2,203,643	820,908	56.00
57.00	05700	CT SCAN	0.046320	26,810,994	1,241,885	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	10,504,033	932,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	12,193,493	2,637,233	59.00
60.00	06000	LABORATORY	0.115472	123,257,120	14,232,746	60.00
60.01	06001	HLA LAB	0.171522	3,085,101	529,163	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	45,615,418	11,083,680	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	25,856,082	7,688,384	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	6,243,656	2,124,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	3,232,010	1,084,494	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	1,101,822	454,283	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	25,856,082	2,224,140	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	4,407,287	660,683	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	72,646,777	31,371,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	85,501,363	41,386,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	108,859,983	40,448,451	73.00
74.00	07400	RENAL DIALYSIS	0.233287	11,458,946	2,673,223	74.00
76.00	03330	ENDOSCOPY	0.256329	4,554,196	1,167,373	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	15,120	7,233	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	587,638	308,910	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	0	0	90.01
91.00	09100	EMERGENCY	0.198530	22,330,253	4,433,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	157,224	194,896	92.00
200.00		Total (sum of lines 50-94 and 96-98)		734,720,137	202,501,616	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		734,720,137		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		4,047,960		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	34,925	10,552	50.00
51.00	05100	RECOVERY ROOM	0.371217	935	347	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	276,284	31,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	67,044	13,284	54.00
54.01	05401	ULTRASOUND	0.136628	5,301	724	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	56.00
57.00	05700	CT SCAN	0.046320	88,249	4,088	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	67,044	5,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	59.00
60.00	06000	LABORATORY	0.115472	729,065	84,187	60.00
60.01	06001	HLA LAB	0.171522	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	6,860	1,667	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	94,173	28,003	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	16,839	5,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	20,581	6,906	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	4,366	1,800	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	43,345	3,729	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	27,129	4,067	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	31,495	13,601	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	845,378	314,112	73.00
74.00	07400	RENAL DIALYSIS	0.233287	16,839	3,928	74.00
76.00	03330	ENDOSCOPY	0.256329	1,559	400	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	208,616	74,326	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	312	164	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	4,054	1,866	90.01
91.00	09100	EMERGENCY	0.198530	527,933	104,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,118,326	715,493	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		3,118,326		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	0	0	50.00
51.00	05100	RECOVERY ROOM	0.371217	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	18,586	3,682	54.00
54.01	05401	ULTRASOUND	0.136628	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	56.00
57.00	05700	CT SCAN	0.046320	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	59.00
60.00	06000	LABORATORY	0.115472	263,226	30,395	60.00
60.01	06001	HLA LAB	0.171522	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	2,472,886	841,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	2,338,956	784,832	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	336,985	138,940	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	148,025	63,923	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	1,458,478	541,918	73.00
74.00	07400	RENAL DIALYSIS	0.233287	0	0	74.00
76.00	03330	ENDOSCOPY	0.256329	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	0	0	90.01
91.00	09100	EMERGENCY	0.198530	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,037,142	2,405,285	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		7,037,142		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		31,917,690		30.00
31.00	03100	INTENSIVE CARE UNIT		3,956,193		31.00
32.00	03200	CORONARY CARE UNIT		1,546,488		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		3,046,330		34.00
35.01	02041	NEURO-ICU		1,837,166		35.01
35.02	02042	CARDIO-THORACIC ICU		1,138,768		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		680,130		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	15,824,796	4,781,003	50.00
51.00	05100	RECOVERY ROOM	0.371217	1,924,667	714,469	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	1,440,908	1,440,932	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	4,628,926	523,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	8,857,447	1,754,953	54.00
54.01	05401	ULTRASOUND	0.136628	1,185,509	161,974	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	1,647,021	300,114	55.00
56.00	05600	RADIOISOTOPE	0.372523	598,091	222,803	56.00
57.00	05700	CT SCAN	0.046320	9,260,367	428,940	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	4,672,205	414,990	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	2,294,071	496,166	59.00
60.00	06000	LABORATORY	0.115472	36,291,033	4,190,598	60.00
60.01	06001	HLA LAB	0.171522	290,767	49,873	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	10,823,165	2,629,823	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	6,942,458	2,064,361	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	1,219,367	414,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	767,961	257,688	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	267,221	110,176	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	6,366,890	547,680	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	1,560,430	233,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	16,643,521	7,187,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	10,809,450	5,232,293	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	29,962,599	11,133,023	73.00
74.00	07400	RENAL DIALYSIS	0.233287	1,598,431	372,893	74.00
76.00	03330	ENDOSCOPY	0.256329	1,089,561	279,286	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	213,623	112,297	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	240	110	90.01
91.00	09100	EMERGENCY	0.198530	11,850,809	2,352,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	16,309	20,217	92.00
200.00		Total (sum of lines 50-94 and 96-98)		189,047,843	48,429,081	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		189,047,843		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 26S032

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		3,505,309		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	51,195	15,467	50.00
51.00	05100	RECOVERY ROOM	0.371217	9,364	3,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	1,554	1,554	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	121,972	13,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	63,832	12,647	54.00
54.01	05401	ULTRASOUND	0.136628	9,112	1,245	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	56.00
57.00	05700	CT SCAN	0.046320	87,990	4,076	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	59,401	5,276	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	59.00
60.00	06000	LABORATORY	0.115472	704,198	81,315	60.00
60.01	06001	HLA LAB	0.171522	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	4,420	1,074	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	27,009	8,031	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	5,115	1,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	4,749	1,594	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	1,149	474	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	21,692	1,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	6,984	1,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	8,103	3,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	604,103	224,463	73.00
74.00	07400	RENAL DIALYSIS	0.233287	4,980	1,162	74.00
76.00	03330	ENDOSCOPY	0.256329	8,279	2,122	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	82,170	29,276	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	7,772	3,578	90.01
91.00	09100	EMERGENCY	0.198530	823,444	163,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,718,587	582,255	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		2,718,587		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260032
Component CCN: 265439

Period: From 01/01/2013 To 12/31/2013

Worksheet D-3
Date/Time Prepared: 5/27/2014 9:40 am

Title XIX Nursing Facility Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.01	02041	NEURO-ICU		0		35.01
35.02	02042	CARDIO-THORACIC ICU		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.302121	0	0	50.00
51.00	05100	RECOVERY ROOM	0.371217	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.000017	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.113090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198133	0	0	54.00
54.01	05401	ULTRASOUND	0.136628	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.182216	0	0	55.00
56.00	05600	RADIOISOTOPE	0.372523	0	0	56.00
57.00	05700	CT SCAN	0.046320	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.088821	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.216282	0	0	59.00
60.00	06000	LABORATORY	0.115472	5,680	656	60.00
60.01	06001	HLA LAB	0.171522	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242981	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.297353	75	22	65.00
66.00	06600	PHYSICAL THERAPY	0.340329	6,305	2,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335548	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.412302	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086020	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.149907	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.431837	17,407	7,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484048	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.371564	35,348	13,134	73.00
74.00	07400	RENAL DIALYSIS	0.233287	0	0	74.00
76.00	03330	ENDOSCOPY	0.256329	0	0	76.00
76.01	03950	OB/GYN IN VITRO	0.832602	0	0	76.01
76.02	03320	ELECTROSHOCK THERAPY	0.356282	0	0	76.02
76.03	03951	CORNEAL TISSUE ACQUISITION	0.478376	0	0	76.03
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240245	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.525680	0	0	90.00
90.01	04950	OUTPATIENT PSYCH	0.460325	0	0	90.01
91.00	09100	EMERGENCY	0.198530	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.239605	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		64,815	23,475	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		64,815		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	202,169	962.47	237	228,105	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,593.27	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,649.45	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	789	1,726.34	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	1,843	1,658.78	1	1,659	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,918.67	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		204,801		238	229,764	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.302121	495,361	149,659	8.00
9.00	RECOVERY ROOM	51.00	0.371217	104,614	38,834	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.000017	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.113090	156,434	17,691	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.198133	591,313	117,159	12.00
12.01	ULTRASOUND	54.01	0.136628	55,295	7,555	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.182216	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.372523	307,795	114,661	14.00
15.00	CT SCAN	57.00	0.046320	1,543,041	71,474	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.088821	140,756	12,502	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.216282	127,398	27,554	17.00
18.00	LABORATORY	60.00	0.115472	4,227,928	488,207	18.00
18.01	HLA LAB	60.01	0.171522	14,157,473	2,428,318	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.242981	514,591	125,036	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.297353	30,022	8,927	23.00
24.00	PHYSICAL THERAPY	66.00	0.340329	368	125	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.335548	144	48	25.00
26.00	SPEECH PATHOLOGY	68.00	0.412302	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.086020	3,792,214	326,206	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.149907	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.431837	292,255	126,207	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.484048	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.371564	249,397	92,667	31.00
32.00	RENAL DIALYSIS	74.00	0.233287	62,494	14,579	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.256329	119,164	30,545	34.00
34.01	OB/GYN IN VITRO	76.01	0.832602	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.356282	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.478376	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240245	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.525680	3,626	1,906	37.00
37.01	OUTPATIENT PSYCH	90.01	0.460325	0	0	37.01
38.00	EMERGENCY	91.00	0.198530	9,764	1,938	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.239605	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			26,981,447	4,201,798	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Kidney D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	237	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			238	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	3,626	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	9,764	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		13,390		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	4,431,562		27,186,248		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	11,611,692		14,118,565		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	16,043,254		41,304,813		61.00
62.00	Total Usable Organs (see instructions)		211			62.00
63.00	Medicare Usable Organs (see instructions)		132			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.625592			64.00
65.00	Medicare Cost/Charges (see instructions)	10,036,531		25,839,961		65.00
66.00	Revenue for Organs Sold	180,078		180,078		66.00
67.00	Subtotal (line 65 minus line 66)	9,856,453		25,659,883		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	9,856,453	0	25,659,883	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	47	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	164		73.00
74.00	Total (sum of lines 70 thru 73)	47	164		74.00
75.00	Organs Transplanted	47	164	14,118,565	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	180,078	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	47	164		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Liver		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	29,188	962.47	31	29,837	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,593.27	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,649.45	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	395	1,726.34	2	3,453	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	3,685	1,658.78	1	1,659	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,918.67	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		33,268		34	34,949	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.302121	10,773	3,255	8.00
9.00	RECOVERY ROOM	51.00	0.371217	6,536	2,426	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.000017	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.113090	15,767	1,783	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.198133	219,258	43,442	12.00
12.01	ULTRASOUND	54.01	0.136628	207,844	28,397	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.182216	1,422	259	13.00
14.00	RADIOISOTOPE	56.00	0.372523	234,861	87,491	14.00
15.00	CT SCAN	57.00	0.046320	439,022	20,335	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.088821	3,337,820	296,469	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.216282	141,768	30,662	17.00
18.00	LABORATORY	60.00	0.115472	2,333,241	269,424	18.00
18.01	HLA LAB	60.01	0.171522	258,886	44,405	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.242981	207,718	50,472	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.297353	10,713	3,186	23.00
24.00	PHYSICAL THERAPY	66.00	0.340329	384	131	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.335548	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.412302	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.086020	1,784,225	153,479	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.149907	1,746	262	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.431837	4,199	1,813	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.484048	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.371564	74,780	27,786	31.00
32.00	RENAL DIALYSIS	74.00	0.233287	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.256329	71,459	18,317	34.00
34.01	OB/GYN IN VITRO	76.01	0.832602	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.356282	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.478376	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240245	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.525680	1,640	862	37.00
37.01	OUTPATIENT PSYCH	90.01	0.460325	854	393	37.01
38.00	EMERGENCY	91.00	0.198530	4,671	927	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.239605	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			9,369,587	1,085,976	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Liver D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	31	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	2	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	1	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			34	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,640	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	854	0.000000	0	51.01
52.00	EMERGENCY	24.00	4,671	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		7,165		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	1,120,925		9,402,855		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	6,444,798		7,173,561		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,565,723		16,576,416		61.00
62.00	Total Usable Organs (see instructions)		99			62.00
63.00	Medicare Usable Organs (see instructions)		29			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.292929			64.00
65.00	Medicare Cost/Charges (see instructions)	2,216,220		4,855,713		65.00
66.00	Revenue for Organs Sold	25,887		25,887		66.00
67.00	Subtotal (line 65 minus line 66)	2,190,333		4,829,826		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,190,333	0	4,829,826	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	99		73.00
74.00	Total (sum of lines 70 thru 73)	0	99		74.00
75.00	Organs Transplanted	0	99	7,173,561	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	25,887	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	99		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	13,506	962.47	11	10,587	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,593.27	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	8,292	1,649.45	3	4,948	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	395	1,726.34	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	0	1,658.78	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	2,764	1,918.67	1	1,919	6.02
7.00	TOTAL (sum of lines 1-6)		24,957		15	17,454	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.302121	18,825	5,687	8.00
9.00	RECOVERY ROOM	51.00	0.371217	750	278	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.000017	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.113090	8,356	945	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.198133	50,207	9,948	12.00
12.01	ULTRASOUND	54.01	0.136628	14,491	1,980	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.182216	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.372523	12,263	4,568	14.00
15.00	CT SCAN	57.00	0.046320	126,356	5,853	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.088821	1,994	177	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.216282	371,963	80,449	17.00
18.00	LABORATORY	60.00	0.115472	368,954	42,604	18.00
18.01	HLA LAB	60.01	0.171522	657,946	112,852	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.242981	39,133	9,509	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.297353	26,149	7,775	23.00
24.00	PHYSICAL THERAPY	66.00	0.340329	681	232	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.335548	184	62	25.00
26.00	SPEECH PATHOLOGY	68.00	0.412302	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.086020	334,752	28,795	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.149907	1,746	262	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.431837	7,714	3,331	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.484048	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.371564	11,668	4,335	31.00
32.00	RENAL DIALYSIS	74.00	0.233287	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.256329	21,221	5,440	34.00
34.01	OB/GYN IN VITRO	76.01	0.832602	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.356282	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.478376	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240245	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.525680	1,771	931	37.00
37.01	OUTPATIENT PSYCH	90.01	0.460325	0	0	37.01
38.00	EMERGENCY	91.00	0.198530	9,589	1,904	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.239605	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			2,086,713	327,917	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Heart D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	11	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	3	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	1	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,771	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	9,589	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		11,360		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	345,371		2,111,670		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,224,538		2,599,299		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,569,909		4,710,969		61.00
62.00	Total Usable Organs (see instructions)		40			62.00
63.00	Medicare Usable Organs (see instructions)		12			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.300000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,070,973		1,413,291		65.00
66.00	Revenue for Organs Sold	4,521		4,521		66.00
67.00	Subtotal (line 65 minus line 66)	1,066,452		1,408,770		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,066,452	0	1,408,770	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	40		73.00
74.00	Total (sum of lines 70 thru 73)	0	40		74.00
75.00	Organs Transplanted	0	40	2,599,299	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	4,521	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	40		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Lung		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	18,646	962.47	13	12,512	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,764	1,593.27	1	1,593	2.00
3.00	CORONARY CARE UNIT	44.00	2,764	1,649.45	1	1,649	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	790	1,726.34	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	0	1,658.78	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,918.67	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		24,964		15	15,754	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.302121	27,521	8,315	8.00
9.00	RECOVERY ROOM	51.00	0.371217	3,139	1,165	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.000017	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.113090	5,560	629	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.198133	140,295	27,797	12.00
12.01	ULTRASOUND	54.01	0.136628	16,061	2,194	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.182216	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.372523	595,830	221,960	14.00
15.00	CT SCAN	57.00	0.046320	260,395	12,061	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.088821	32,242	2,864	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.216282	870,445	188,262	17.00
18.00	LABORATORY	60.00	0.115472	930,776	107,479	18.00
18.01	HLA LAB	60.01	0.171522	765,761	131,345	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.242981	65,472	15,908	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.297353	158,188	47,038	23.00
24.00	PHYSICAL THERAPY	66.00	0.340329	368	125	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.335548	184	62	25.00
26.00	SPEECH PATHOLOGY	68.00	0.412302	752	310	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.086020	305,031	26,239	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.149907	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.431837	4,473	1,932	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.484048	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.371564	81,574	30,310	31.00
32.00	RENAL DIALYSIS	74.00	0.233287	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.256329	57,749	14,803	34.00
34.01	OB/GYN IN VITRO	76.01	0.832602	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.356282	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.478376	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240245	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.525680	1,389	730	37.00
37.01	OUTPATIENT PSYCH	90.01	0.460325	0	0	37.01
38.00	EMERGENCY	91.00	0.198530	7,954	1,579	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.239605	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			4,331,159	843,107	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Lung D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	13	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	1	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			15	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	1,389	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	7,954	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		9,343		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	858,861		4,356,123		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	4,874,799		5,067,453		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	5,733,660		9,423,576		61.00
62.00	Total Usable Organs (see instructions)		114			62.00
63.00	Medicare Usable Organs (see instructions)		36			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.315789			64.00
65.00	Medicare Cost/Charges (see instructions)	1,810,627		2,975,862		65.00
66.00	Revenue for Organs Sold	11,275		11,275		66.00
67.00	Subtotal (line 65 minus line 66)	1,799,352		2,964,587		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,799,352	0	2,964,587	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	114		73.00
74.00	Total (sum of lines 70 thru 73)	0	114		74.00
75.00	Organs Transplanted	0	114	5,067,453	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	11,275	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	114		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Pancreas		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	962.47	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,593.27	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,649.45	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	395	1,726.34	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
6.01	NEURO-ICU	47.01	0	1,658.78	0	0	6.01
6.02	CARDIO-THORACIC ICU	47.02	0	1,918.67	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		395		0	0	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.302121	1,244	376	8.00
9.00	RECOVERY ROOM	51.00	0.371217	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	1.000017	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.113090	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.198133	812	161	12.00
12.01	ULTRASOUND	54.01	0.136628	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.182216	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.372523	2,939	1,095	14.00
15.00	CT SCAN	57.00	0.046320	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.088821	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.216282	0	0	17.00
18.00	LABORATORY	60.00	0.115472	10,206	1,179	18.00
18.01	HLA LAB	60.01	0.171522	0	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.242981	2,854	693	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.297353	119	35	23.00
24.00	PHYSICAL THERAPY	66.00	0.340329	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.335548	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.412302	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.086020	203	17	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.149907	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.431837	86	37	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.484048	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.371564	170	63	31.00
32.00	RENAL DIALYSIS	74.00	0.233287	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY	76.00	0.256329	0	0	34.00
34.01	OB/GYN IN VITRO	76.01	0.832602	0	0	34.01
34.02	ELECTROSHOCK THERAPY	76.02	0.356282	0	0	34.02
34.03	CORNEAL TISSUE ACQUISITION	76.03	0.478376	0	0	34.03
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240245	0	0	34.98
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.525680	0	0	37.00
37.01	OUTPATIENT PSYCH	90.01	0.460325	0	0	37.01
38.00	EMERGENCY	91.00	0.198530	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.239605	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			18,633	3,656	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 260032
Component CCN:

Period: From 01/01/2013 To 12/31/2013

Worksheet D-4
Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Pancreas D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
47.01	NEURO-ICU	7.01	0.00	0	0	47.01
47.02	CARDIO-THORACIC ICU	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	OUTPATIENT PSYCH	23.01	0	0.000000	0	51.01
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	3,656		19,028		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	968,242		1,058,552		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	971,898		1,077,580		61.00
62.00	Total Usable Organs (see instructions)		17			62.00
63.00	Medicare Usable Organs (see instructions)		8			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.470588			64.00
65.00	Medicare Cost/Charges (see instructions)	457,364		507,096		65.00
66.00	Revenue for Organs Sold	3,638		3,638		66.00
67.00	Subtotal (line 65 minus line 66)	453,726		503,458		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	453,726	0	503,458	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	17		73.00
74.00	Total (sum of lines 70 thru 73)	0	17		74.00
75.00	Organs Transplanted	0	17	1,058,552	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	0	3,638	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	17		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		138,219,276		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		43,386,540		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		22,174,386		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		28,110,594		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		1,211.59		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		563.66		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		52.59		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-9.82		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		606.43		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		669.71		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		606.43		12.00
13.00	Total allowable FTE count for the prior year.		606.46		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		606.85		14.00
15.00	Sum of lines 12 through 14 divided by 3.		606.58		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.50		17.00
18.00	Adjusted rolling average FTE count		607.08		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.501061		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.509607		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.501061		21.00
22.00	IME payment adjustment (see instructions)		50,622,186		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		63.28		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		50,622,186		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.20		30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.80		31.00
32.00	Sum of lines 30 and 31		30.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.97		33.00
34.00	Disproportionate share adjustment (see instructions)		20,824,508		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 9:40 am
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			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.002235289	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			20,221,271	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			5,096,872	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,096,872		36.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		280,323,768		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		280,323,768		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		20,357,915		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		21,302,521		52.00
53.00	Nursing and Allied Health Managed Care payment		561,610		53.00
54.00	Special add-on payments for new technologies		48,154		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		15,366,316		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		1,294,602		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		128,359		58.00
59.00	Total (sum of amounts on lines 49 through 58)		339,383,245		59.00
60.00	Primary payer payments		153,220		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		339,230,025		61.00
62.00	Deductibles billed to program beneficiaries		11,903,199		62.00
63.00	Coinsurance billed to program beneficiaries		2,093,281		63.00
64.00	Allowable bad debts (see instructions)		4,500,865		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		2,925,562		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,114,560		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		328,159,107		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		4,535		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-411,767		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-1,615,362		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 9:40 am
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			Prior to October 1	On/After October 1	
		0	1.00	2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		326,127,443		71.00
71.01	Sequestration adjustment (see instructions)		4,924,524		71.01
72.00	Interim payments		327,200,252		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-5,997,333		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,169,993		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet DSH | Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.20	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.80	0.00			21.80	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	30.00	0.00			21.80	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	1,211.59	0.00			1,211.59	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	13.97	0.00			7.20	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.20	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	28,433	0			28,433	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	12,603	0			12,603	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	9,982	0			9,982	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	4,501	0			4,501	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	8,068	0			8,068	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	841	0			841	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	64,428	0			64,428	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	294,379	0			294,379	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,188	0			1,188	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	295,567	0			295,567	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.80	0.00			21.80	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 9:40 am
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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.96		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.96		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.96		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 9:40 am
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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	7.20		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	7.20		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	7.20		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	429,222	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	97,193,026	2.00
3.00	PPS payments	86,535,790	3.00
4.00	Outlier payment (see instructions)	618,331	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	59,661	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	429,222	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,493,925	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,493,925	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	1,493,925	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,064,703	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	429,222	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	87,213,782	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	165,829	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	17,944,901	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	69,532,274	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	6,061,342	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	75,593,616	30.00
31.00	Primary payer payments	3,566	31.00
32.00	Subtotal (line 30 minus line 31)	75,590,050	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	1,825,810	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,186,777	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	692,596	36.00
37.00	Subtotal (see instructions)	76,776,827	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	76,776,827	40.00
40.01	Sequestration adjustment (see instructions)	1,159,330	40.01
41.00	Interim payments	74,679,489	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	938,008	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,158,735	2.00
3.00	PPS payments	862,981	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	804	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	863,785	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	189,396	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	674,389	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	674,389	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	674,389	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	674,389	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	674,389	40.00
40.01	Sequestration adjustment (see instructions)	10,183	40.01
41.00	Interim payments	662,958	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	1,248	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I Date/Time Prepared: 5/27/2014 9:40 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		324,418,452		74,489,989	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/20/2013	2,781,800	08/20/2013	189,500	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,781,800		189,500	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		327,200,252		74,679,489	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		938,008	6.01
6.02	SETTLEMENT TO PROGRAM		5,997,333		0	6.02
7.00	Total Medicare program liability (see instructions)		321,202,919		75,617,497	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,030,143		662,958	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,030,143		662,958	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		44,433		1,248	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,074,576		664,206	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,750,339		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/19/2013	29,100		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		29,100		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,779,439		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		64,783		0	6.02
7.00	Total Medicare program liability (see instructions)		4,714,656		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	53,690	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	104,806	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	16,809	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	288,247	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	4,203,663,746	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	145,160,420	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,783,777	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	2,783,777	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	2,791,422	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	-7,645	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	3,052,526	1.00
2.00	Net IPF PPS Outlier Payments	217,005	2.00
3.00	Net IPF PPS ECT Payments	63,665	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	4.26	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	8.98	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	4.26	8.00
9.00	Average Daily Census (see instructions)	35.394521	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.060276	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	183,994	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,517,190	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	3,517,190	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	3,517,190	18.00
19.00	Deductibles	221,296	19.00
20.00	Subtotal (line 18 minus line 19)	3,295,894	20.00
21.00	Coinsurance	235,264	21.00
22.00	Subtotal (line 20 minus line 21)	3,060,630	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,060,630	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	61,084	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	3,121,714	31.00
31.01	Sequestration adjustment (see instructions)	47,138	31.01
32.00	Interim payments	3,030,143	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	44,433	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	217,005	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	5,305,266	1.00
2.00	Routine service other pass through costs	1,701	2.00
3.00	Ancillary service other pass through costs	1,564	3.00
4.00	Subtotal (sum of lines 1 through 3)	5,308,531	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	726,197	7.00
8.00	Allowable bad debts (see instructions)	268,988	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	130,885	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	204,946	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	4,787,280	12.00
13.00	Inpatient primary payer payments	341	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	4,786,939	15.00
15.01	Sequestration adjustment (see instructions)	72,283	15.01
16.00	Interim payments	4,779,439	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17	-64,783	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	82,263,979		1.00
2.00	Medical and other services		26,626,488	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	82,263,979	26,626,488	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	82,263,979	26,626,488	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	44,122,765		8.00
9.00	Ancillary service charges	189,047,843	126,145,503	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	233,170,608	126,145,503	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	233,170,608	126,145,503	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	150,906,629	99,519,015	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	82,263,979	26,626,488	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	82,263,979	26,626,488	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	82,263,979	26,626,488	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	82,263,979	26,626,488	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	82,263,979	26,626,488	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	13,635,570		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	95,899,549	26,626,488	40.00
41.00	Interim payments	40,516,971	21,454,607	41.00
42.00	Balance due provider/program (line 40 minus 41)	55,382,578	5,171,881	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 26S032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	4,222,346		1.00
2.00	Medical and other services		700,461	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,222,346	700,461	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,222,346	700,461	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	3,505,309		8.00
9.00	Ancillary service charges	2,718,587	1,903,539	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	6,223,896	1,903,539	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	6,223,896	1,903,539	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,001,550	1,203,078	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,222,346	700,461	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,222,346	700,461	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,222,346	700,461	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,222,346	700,461	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,222,346	700,461	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4,222,346	700,461	40.00
41.00	Interim payments	4,047,951	203,046	41.00
42.00	Balance due provider/program (line 40 minus 41)	174,395	497,415	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260032 Component CCN: 265439	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	869,603		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	869,603	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	869,603	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	368,190		8.00
9.00	Ancillary service charges	64,815	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	433,005	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	433,005	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	436,598	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	433,005	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	433,005	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	436,598	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	433,005	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	433,005	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	433,005	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	433,005	0	40.00
41.00	Interim payments	476,624	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-43,619	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-8.76	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			627.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			681.37	6.00
7.00	Enter the lesser of line 5 or line 6			627.86	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	164.52	446.27	610.79	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	151.60	411.22	562.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	151.60	411.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.51	406.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.17	407.79		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.76	408.64		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.50		16.00
17.00	Adjusted rolling average FTE count	152.76	409.14		17.00
18.00	Per resident amount	123,680.11	117,114.17		18.00
19.00	Approved amount for resident costs	18,893,374	47,916,092	66,809,466	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			53.51	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			66,809,466	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	108,918	16,809		26.00
27.00	Total Inpatient Days (see instructions)	301,166	301,166		27.00
28.00	Ratio of inpatient days to total inpatient days	0.361654	0.055813		28.00
29.00	Program direct GME amount	24,161,911	3,728,837		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		526,885		30.00
31.00	Net Program direct GME amount			27,363,863	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	1,269	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	21,929,626	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000058	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	332,152,516	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	15,366,316	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	153,561	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	347,365,271	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	98,841,448	42.00
43.00	Primary payer payments (see instructions)	3,566	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	98,837,882	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	446,203,153	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.778491	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.221509	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	27,363,863	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	21,302,521	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	6,061,342	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-4 | Date/Time Prepared: 5/27/2014 9:40 am

Title XIX | Hospital | Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			584.03	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			52.59	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-8.76	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			627.86	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			681.37	6.00
7.00	Enter the lesser of line 5 or line 6			627.86	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	164.52	446.27	610.79	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	151.60	411.22	562.82	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	151.60	411.22		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	153.51	406.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	153.17	407.79		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.76	408.64		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.50		16.00
17.00	Adjusted rolling average FTE count	152.76	409.14		17.00
18.00	Per resident amount	123,680.11	117,114.17		18.00
19.00	Approved amount for resident costs	18,893,374	47,916,092	66,809,466	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			53.51	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			66,809,466	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	34,878	30,964		26.00
27.00	Total Inpatient Days (see instructions)	301,166	301,166		27.00
28.00	Ratio of inpatient days to total inpatient days	0.115810	0.102814		28.00
29.00	Program direct GME amount	7,737,204	6,868,948		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		970,582		30.00
31.00	Net Program direct GME amount			13,635,570	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 9:40 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	13,635,570	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 260032

Period: From 01/01/2013 To 12/31/2013

Worksheet G

Date/Time Prepared: 5/27/2014 9:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	171,974	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	630,283,897	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-372,445,110	0	0	0	6.00
7.00	Inventory	39,534,869	0	0	0	7.00
8.00	Prepaid expenses	2,674,305	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	8,132,670	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	308,352,605	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	20,677,877	0	0	0	12.00
13.00	Land improvements	17,386,976	0	0	0	13.00
14.00	Accumulated depreciation	-7,978,249	0	0	0	14.00
15.00	Buildings	400,971,416	0	0	0	15.00
16.00	Accumulated depreciation	-227,286,722	0	0	0	16.00
17.00	Leasehold improvements	183,537,195	0	0	0	17.00
18.00	Accumulated depreciation	-32,596,955	0	0	0	18.00
19.00	Fixed equipment	563,743,790	0	0	0	19.00
20.00	Accumulated depreciation	-424,319,760	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	612,451,036	0	0	0	23.00
24.00	Accumulated depreciation	-496,494,955	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	7,395,703	0	0	0	27.00
28.00	Accumulated depreciation	-2,811,896	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	614,675,456	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	12,599,440	0	0	0	31.00
32.00	Deposits on leases	185,229,227	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	197,828,667	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	1,120,856,728	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	52,348,945	0	0	0	37.00
38.00	Salaries, wages, and fees payable	53,717,638	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	34,319,517	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	140,386,100	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,668,804	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	11,668,804	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	152,054,904	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	968,801,824				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	968,801,824	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,120,856,728	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 5/27/2014 9:40 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		902,293,955		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		63,878,417				2.00
3.00	Total (sum of line 1 and line 2)		966,172,372		0		3.00
4.00	ROUNDING	1		0		0	4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE	-708,410		0		0	5.00
6.00	TRANSFER FROM BJC	3,337,861		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,629,452		0		10.00
11.00	Subtotal (line 3 plus line 10)		968,801,824		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		968,801,824		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	ROUNDING		0		4.00
5.00	CHANGE IN TEMPORARILY RESTR NET ASSE		0		5.00
6.00	TRANSFER FROM BJC		0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260032 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/27/2014 9:40 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	318,103,067		318,103,067	1.00
2.00	SUBPROVIDER - IPF	13,037,691		13,037,691	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	10,849,170		10,849,170	7.00
8.00	NURSING FACILITY	620,209		620,209	8.00
9.00	OTHER LONG TERM CARE	2,069,865		2,069,865	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	344,680,002		344,680,002	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	25,633,831		25,633,831	11.00
12.00	CORONARY CARE UNIT	12,417,258		12,417,258	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	28,060,964		28,060,964	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
15.01	NEURO-ICU	17,412,274		17,412,274	15.01
15.02	CARDIO-THORACIC ICU	19,346,499		19,346,499	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	102,870,826		102,870,826	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	447,550,828		447,550,828	17.00
18.00	Ancillary services	2,016,673,437	1,545,146,470	3,561,819,907	18.00
19.00	Outpatient services	78,671,626	149,043,908	227,715,534	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,542,895,891	1,694,190,378	4,237,086,269	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,449,531,669		29.00
30.00	DIVISION 801 - BJC OH ALLOCATION	128,142,695			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		128,142,695		36.00
37.00	NONOPERATING DEPARTMENTS	5,636,907			37.00
38.00	ROUNDING	16			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		5,636,923		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,572,037,441		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/27/2014 9:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,237,086,269	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,672,679,573	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,564,406,696	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,572,037,441	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,630,745	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	3,071,094	6.00
7.00	Income from investments	9,265,117	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	4,391,094	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	14,035,198	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	2,400,245	17.00
18.00	Revenue from sale of medical records and abstracts	1,370,383	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	23,175,944	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	725,508	20.00
21.00	Rental of vending machines	296,754	21.00
22.00	Rental of hospital space	2,088,476	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	6,739,426	24.00
24.01	MEDICARE MEANINGFUL USE	2,791,422	24.01
24.02	MEDICAID MEANINGFUL USE	1,158,501	24.02
25.00	Total other income (sum of lines 6-24)	71,509,162	25.00
26.00	Total (line 5 plus line 25)	63,878,417	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	63,878,417	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260032	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 9:40 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	14,376,175	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	1,598,444	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	789.72	3.00
4.00	Number of interns & residents (see instructions)	607.08	4.00
5.00	Indirect medical education percentage (see instructions)	24.23	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	3,483,347	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	8.20	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	21.80	8.00
9.00	Sum of lines 7 and 8	30.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.26	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	899,949	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	20,357,915	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00