

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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 4:56 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014	Time: 4:56 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 ST. MARY'S HEALTH CENTER (260091) 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,972,658	158,442	1,401,820	0	1.00
2.00 Subprovider - IPF	0	45,666	1,002		0	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
8.00 NURSING FACILITY	0				0	8.00
200.00 Total	0	2,018,324	159,444	1,401,820	0	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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 4:55 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 63117-		4.00 County: ST. LOUIS		1.00
1.00	Street: 6420 CLAYTON ROAD	2.00	State: MO					2.00
2.00	City: ST. LOUIS							

	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	ST. MARY'S HEALTH CENTER	260091	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ST. MARY'S HEALTH CENTER - PSYCH	26S091	41180	4	01/01/1984	N	P	0	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	ST. MARY'S HEALTH CENTER - ESRD	262320	41180		03/01/1998				18.00
19.00	Other									19.00

						From:	To:	
						1.00	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)					1		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 days	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 IPHS 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.	16,135	6,335	17,159	2,216	28,310	0	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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 4:55 pm		
		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)				39.00	
		V	XVII	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
61.01	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/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

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		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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
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)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
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)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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)			0.00	0.00	0.000000	65.00

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		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)	0.00	0.00	0.000000		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)			0.00	0.00	0.000000 67.00	
				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 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)			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	N	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	
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	

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		V	XIX			
		1.00	2.00			
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	
		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
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		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,034,274	154,188	0		
		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		
119.00	DO NOT USE THIS LINE					
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
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		
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		
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.			03/01/1985		
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.			09/01/2000		
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.			09/01/2000		
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.					
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.					
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.					
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.					
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.					
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.					

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		1.00	2.00		
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	269020	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: SSM HEALTH CARE ST. LOUIS	Contractor's Name: SSM HEALTH CARE ST. LOUIS		Contractor's Number: 05301	
142.00	Street: 10101 CORPORATE LAKE DRIVE	PO Box:		142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63132	
				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.	N		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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
		Name	County	State	Zip Code
		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
				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	
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)			0.75	
		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)	10/01/2012		09/30/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 4:55 pm	
		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)	N			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		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?	N			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.	N			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)	Y	04/30/2014	Y	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)	N		N	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: 260091

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
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 relieved 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.			N	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.			Y	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.			Y	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.			N	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.	ERI CA		MCNERNEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	SSM HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)989-2330		ERI CA_MCNERNEY@SSMHC.COM	43.00

		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)	04/30/2014	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)		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.	ADMINISTRATIVE DIRECTOR - FINANCE	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	412	150,380	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)		412	150,380	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	19	6,935	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	95	34,710	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		562	205,165	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						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						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)		608				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)		0	0			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: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	20,217	11,112	82,031			1.00
2.00 HMO and other (see instructions)	11,922	52,498				2.00
3.00 HMO IPF Subprovider	18	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)	20,217	11,112	82,031			7.00
8.00 INTENSIVE CARE UNIT	2,987	851	5,909			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	93	351	4,398			8.01
9.00 CORONARY CARE UNIT	785	232	2,366			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	2,850	29,055			12.00
13.00 NURSERY		651	5,870			13.00
14.00 Total (see instructions)	24,082	16,047	129,629	176.64	2,926.66	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	6,870	0	16,044	0.82	73.15	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						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)				177.46	2,999.81	27.00
28.00 Observation Bed Days		736	6,992			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,289			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,610	2,033			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: 260091

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	4,552	2,757	23,341	1.00
2.00	HMO and other (see instructions)			2,274			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
8.01	PEDIATRIC INTENSIVE CARE UNIT						8.01
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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,552	2,757	23,341	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	572	618	2,228	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						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: 260091

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

	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	197,245,273	0	197,245,273	6,303,863.96	31.29
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		440,967	0	440,967	4,069.40	108.36
4.01	Physicians - Part A - Teaching		477,232	0	477,232	4,277.32	111.57
5.00	Physician-Part B		4,660,205	0	4,660,205	50,562.60	92.17
6.00	Non-physician-Part B		2,043,288	0	2,043,288	33,394.10	61.19
7.00	Interns & residents (in an approved program)	21.00	0	1,626,648	1,626,648	64,256.10	25.32
7.01	Contracted interns and residents (in an approved programs)		11,185,561	0	11,185,561	298,323.26	37.49
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,820,525	240,371	14,060,896	390,505.07	36.01
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		13,405,106	0	13,405,106	346,717.07	38.66
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		9,250,120	0	9,250,120	58,978.01	156.84
14.00	Home office salaries & wage-related costs		41,623,948	0	41,623,948	841,199.40	49.48
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		67,021,489	0	67,021,489		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,153,555	0	4,153,555		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		93,620	0	93,620		
22.01	Physician Part A - Teaching		1,043,355	0	1,043,355		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		552,302	0	552,302		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	324,977	0	324,977	17,128.40	18.97
27.00	Administrative & General	5.00	25,934,669	-692,043	25,242,626	697,849.58	36.17
28.00	Administrative & General under contract (see inst.)		2,364,752	0	2,364,752	13,948.17	169.54
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,120,088	0	3,120,088	104,413.99	29.88
31.00	Laundry & Linen Service	8.00	228,102	0	228,102	16,904.46	13.49
32.00	Housekeeping	9.00	4,219,791	0	4,219,791	305,392.37	13.82
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	3,651,168	-2,977,180	673,988	51,918.92	12.98
35.00	Dietary under contract (see instructions)		1,172,676	0	1,172,676	46,236.00	25.36
36.00	Cafeteria	11.00	0	2,977,180	2,977,180	214,499.22	13.88
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,600,588	0	4,600,588	151,116.37	30.44
39.00	Central Services and Supply	14.00	1,006,518	0	1,006,518	52,990.79	18.99
40.00	Pharmacy	15.00	6,647,882	-6,254,363	393,519	11,499.83	34.22
41.00	Medical Records & Medical Records Library	16.00	1,475,909	0	1,475,909	67,149.65	21.98

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	Soci al Servi ce	17.00	2,690,453	45,180	2,735,633	78,367.63	34.91	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 4:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	182,416,415	-1,626,648	180,789,767	5,913,234.75	30.57	1.00
2.00	Excluded area salaries (see instructions)	13,820,525	240,371	14,060,896	390,505.07	36.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	168,595,890	-1,867,019	166,728,871	5,522,729.68	30.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	64,279,174	0	64,279,174	1,246,894.48	51.55	4.00
5.00	Subtotal wage-related costs (see inst.)	67,115,109	0	67,115,109	0.00	40.25	5.00
6.00	Total (sum of lines 3 thru 5)	299,990,173	-1,867,019	298,123,154	6,769,624.16	44.04	6.00
7.00	Total overhead cost (see instructions)	57,437,573	-6,901,226	50,536,347	1,829,415.38	27.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 4:55 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,540,891	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		12,486,000	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)		40,646,214	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,195,479	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		651,830	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		68,089	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		977,658	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,071,648	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		13,371,042	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		212,512	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))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		710,319	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		72,931,682	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260091

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2014 4:55 pm

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	13,719,671	0	1.00
2.00	Hospital	13,405,106	0	2.00
3.00	Subprovider - IPF	314,565	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			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

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	1	0	4	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	3.00	0.00	3.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	5.00	5.00	0.00	5.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	365	365					5.00	
6.00	Number of stations	4	4	0	4			6.00	
7.00	Treatment capacity per day per station	2	2					7.00	
8.00	Utilization (see instructions)	33.87	33.87					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						2		11.00
12.00	Number of patients transplanted during the cost reporting period						6		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable							X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETIN 4000U	5,201	0	119	0		22.00	
22.01		EPOETIN 2000U	1,284	0	47	0		22.01	
22.02		EPOETIN 10000U	33,440	0	386	0		22.02	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 4:55 pm
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				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)		0.255333		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		181,275,500		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		34,978,759		5.00
6.00	Medicaid charges		668,182,314		6.00
7.00	Medicaid cost (line 1 times line 6)		170,608,995		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		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		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	38,455,303	10,642,656	49,097,959	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,818,908	2,717,421	12,536,329	21.00
22.00	Partial payment by patients approved for charity care	72,999	184,406	257,405	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,745,909	2,533,015	12,278,924	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)		34,383,525		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,089,613		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		33,293,912		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		8,501,034		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		20,779,958		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,779,958		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/29/2014 4:55 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		13,173,436	13,173,436	0	13,173,436
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		10,994,635	10,994,635	0	10,994,635
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	324,977	57,890,978	58,215,955	0	58,215,955
5.00 00500 ADMINISTRATION & GENERAL	25,934,669	104,696,353	130,631,022	-1,838,159	128,792,863
6.00 00600 MAINTENANCE & REPAIRS	0	4,199,077	4,199,077	0	4,199,077
7.00 00700 OPERATION OF PLANT	3,120,088	11,038,579	14,158,667	0	14,158,667
8.00 00800 LAUNDRY & LINEN SERVICE	228,102	1,683,114	1,911,216	0	1,911,216
9.00 00900 HOUSEKEEPING	4,219,791	2,661,131	6,880,922	0	6,880,922
10.00 01000 DIETARY	3,651,168	5,933,736	9,584,904	-7,815,577	1,769,327
11.00 01100 CAFETERIA	0	0	0	7,815,577	7,815,577
13.00 01300 NURSING ADMINISTRATION	4,600,588	1,288,535	5,889,123	0	5,889,123
14.00 01400 CENTRAL SERVICES & SUPPLY	1,006,518	1,344,504	2,351,022	0	2,351,022
15.00 01500 PHARMACY	6,647,882	32,834,431	39,482,313	-37,179,015	2,303,298
16.00 01600 MEDICAL RECORDS & LIBRARY	1,475,909	1,008,351	2,484,260	0	2,484,260
17.00 01700 SOCIAL SERVICE	2,690,453	486,854	3,177,307	76,370	3,253,677
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,626,648	1,626,648
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,288,534	47,809,436	51,097,970	-17,110,381	33,987,589
23.00 02300 PARAMEDICAL PRGM	329,153	15,151	344,304	78,796	423,100
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	36,237,393	5,611,398	41,848,791	2,528,432	44,377,223
31.00 03100 INTENSIVE CARE UNIT	4,873,282	1,080,854	5,954,136	-707,981	5,246,155
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	3,374,094	851,793	4,225,887	-492,874	3,733,013
32.00 03200 CORONARY CARE UNIT	1,322,103	195,501	1,517,604	-127,840	1,389,764
35.00 02040 NEONATAL INTENSIVE CARE UNIT	15,042,237	1,740,651	16,782,888	-560,860	16,222,028
40.00 04000 SUBPROVIDER - I/PF	4,128,365	1,190,953	5,319,318	641,047	5,960,365
43.00 04300 NURSERY	0	0	0	507,931	507,931
45.00 04500 NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	8,115,409	20,201,582	28,316,991	-13,579,998	14,736,993
51.00 05100 RECOVERY ROOM	3,585,459	300,502	3,885,961	-69,905	3,816,056
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,743,068	3,743,068
53.00 05300 ANESTHESIOLOGY	245,217	4,868,010	5,113,227	508,662	5,621,889
53.01 05301 PAIN MANAGEMENT	598,016	452,738	1,050,754	-40,355	1,010,399
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,941,031	2,989,940	7,930,971	-295,110	7,635,861
55.00 05500 RADIOLOGY-THERAPEUTIC	2,303,487	3,581,736	5,885,223	-130,981	5,754,242
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	655,104	1,092,811	1,747,915	-24,677	1,723,238
56.00 05600 RADIOISOTOPE	0	0	0	0	0
56.01 05601 ULTRA SOUND	742,997	73,322	816,319	12,647	828,966
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	1,569,189	7,041,778	8,610,967	-6,597,797	2,013,170
60.00 06000 LABORATORY	3,424,927	7,373,271	10,798,198	219,251	11,017,449
60.01 06001 ANATOMICAL PATHOLOGY	1,521,757	2,026,811	3,548,568	504,616	4,053,184
60.02 06003 LAB-STEM CELL	0	1,575	1,575	0	1,575
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	1,885,342	2,787,826	4,673,168	0	4,673,168
64.00 06400 INTRAVENOUS THERAPY	2,269,277	830,893	3,100,170	-413,448	2,686,722
65.00 06500 RESPIRATORY THERAPY	3,634,836	2,721,095	6,355,931	-274,241	6,081,690
65.01 06501 SLEEP DISORDER	772,688	476,227	1,248,915	6,938	1,255,853
66.00 06600 PHYSICAL THERAPY	649,356	828,483	1,477,839	-2,699	1,475,140
67.00 06700 OCCUPATIONAL THERAPY	373,287	228,921	602,208	-10,935	591,273
68.00 06800 SPEECH PATHOLOGY	693,960	269,105	963,065	-106,935	856,130
69.00 06900 ELECTROCARDIOLOGY	1,454,136	428,347	1,882,483	183,279	2,065,762
69.01 06901 CARDIAC REHAB	389,358	12,257	401,615	7,899	409,514
69.02 06902 VASCULAR LAB	254,860	113,258	368,118	1,630	369,748
69.03 06903 ENDOSCOPY	1,896,604	1,213,815	3,110,419	-729,824	2,380,595
69.04 06904 CLINICAL NUTRITION	767,813	6,211	774,024	-183	773,841
70.00 07000 ELECTROENCEPHALOGRAPHY	1,474,742	31,964	1,506,706	591,374	2,098,080
70.01 07001 ECT	173,644	20,840	194,484	-4,700	189,784
70.02 07002 PSYCHOTHERAPY	556,858	334,610	891,468	126,501	1,017,969
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,605,748	20,605,748
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,987,065	12,987,065
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	36,741,351	36,741,351
74.00 07400 RENAL DIALYSIS	287,308	1,001,111	1,288,419	-94,299	1,194,120
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	10,898,846	2,860,062	13,758,908	-873,201	12,885,707
91.00 09100 EMERGENCY	9,251,452	2,012,664	11,264,116	-183,039	11,081,077
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A
Date/Time Prepared:
5/29/2014 4:55 pm

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		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	212,061	799,732	1,011,793	-745,781	266,012	105.00
106.00	10600	HEART ACQUISITION	0	0	0	203,785	203,785	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	138,441	138,441	107.00
113.00	11300	INTEREST EXPENSE		2,194,054	2,194,054	0	2,194,054	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	188,094,327	376,905,002	564,999,329	-153,739	564,845,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	66,107	272,733	338,840	0	338,840	190.00
191.00	19100	RESEARCH	0	202,534	202,534	0	202,534	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	587,137	881,920	1,469,057	0	1,469,057	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	11	11	153,739	153,750	194.01
194.02	07952	POISON CONTROL	1,792,009	347,800	2,139,809	0	2,139,809	194.02
194.03	07953	COMMUNITY EDUCATION	250,112	170,107	420,219	0	420,219	194.03
194.04	07954	BILLABLE DEPARTMENTS	1,664,525	-234,384	1,430,141	0	1,430,141	194.04
194.05	07955	MISC NONREIMBURSABLE	3,208,333	5,147,712	8,356,045	0	8,356,045	194.05
194.06	07956	RETAIL PHARMACY	640,429	3,632,202	4,272,631	0	4,272,631	194.06
194.07	07957	FREESTANDING RHC	942,294	539,525	1,481,819	0	1,481,819	194.07
200.00		TOTAL (SUM OF LINES 118-199)	197,245,273	387,865,162	585,110,435	0	585,110,435	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A
Date/Time Prepared:
5/29/2014 4:55 pm

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	892,689	14,066,125	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,532,762	15,527,397	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,232,581	45,983,374	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,569,030	113,223,833	5.00
6.00	00600	MAINTENANCE & REPAIRS	-1,891,377	2,307,700	6.00
7.00	00700	OPERATION OF PLANT	-339,014	13,819,653	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-79,739	1,831,477	8.00
9.00	00900	HOUSEKEEPING	-25,823	6,855,099	9.00
10.00	01000	DIETARY	-205	1,769,122	10.00
11.00	01100	CAFETERIA	-3,630,159	4,185,418	11.00
13.00	01300	NURSING ADMINISTRATION	-48,082	5,841,041	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-24,196	2,326,826	14.00
15.00	01500	PHARMACY	-2,029	2,301,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-21,798	2,462,462	16.00
17.00	01700	SOCIAL SERVICE	-20,716	3,232,961	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,626,648	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-8,380,278	25,607,311	22.00
23.00	02300	PARAMED PRGM	-157	422,943	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,883,570	37,493,653	30.00
31.00	03100	INTENSIVE CARE UNIT	-871,948	4,374,207	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	3,733,013	31.01
32.00	03200	CORONARY CARE UNIT	-20	1,389,744	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-975,322	15,246,706	35.00
40.00	04000	SUBPROVIDER - IPF	-383,921	5,576,444	40.00
43.00	04300	NURSERY	0	507,931	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-353,299	14,383,694	50.00
51.00	05100	RECOVERY ROOM	-13,983	3,802,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,743,068	52.00
53.00	05300	ANESTHESIOLOGY	-3,626,243	1,995,646	53.00
53.01	05301	PAIN MANAGEMENT	-19,232	991,167	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-142,628	7,493,233	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-754,565	4,999,677	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	-4,201	1,719,037	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRASOUND	-18,817	810,149	56.01
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	-40,621	1,972,549	59.00
60.00	06000	LABORATORY	-1,272,750	9,744,699	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-1,213,931	2,839,253	60.01
60.02	06003	LAB-STEM CELL	0	1,575	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-160,307	4,512,861	63.00
64.00	06400	INTRAVENOUS THERAPY	-211,370	2,475,352	64.00
65.00	06500	RESPIRATORY THERAPY	-5,803	6,075,887	65.00
65.01	06501	SLEEP DISORDER	-48,652	1,207,201	65.01
66.00	06600	PHYSICAL THERAPY	0	1,475,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	591,273	67.00
68.00	06800	SPEECH PATHOLOGY	-359	855,771	68.00
69.00	06900	ELECTROCARDIOLOGY	-197,734	1,868,028	69.00
69.01	06901	CARDIAC REHAB	-153	409,361	69.01
69.02	06902	VASCULAR LAB	-40,552	329,196	69.02
69.03	06903	ENDOSCOPY	-7,992	2,372,603	69.03
69.04	06904	CLINICAL NUTRITION	-40,182	733,659	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	-228	2,097,852	70.00
70.01	07001	ECT	0	189,784	70.01
70.02	07002	PSYCHOTHERAPY	-293,025	724,944	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-216,911	20,388,837	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,987,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,682,380	27,058,971	73.00
74.00	07400	RENAL DIALYSIS	-937	1,193,183	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,636,119	8,249,588	90.00
91.00	09100	EMERGENCY	-25,986	11,055,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	266,012	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	203,785	106.00
107.00	10700	LIVER ACQUISITION	0	138,441	107.00
113.00	11300	INTEREST EXPENSE	-2,194,054	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-71,177,528	493,668,062	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	338,840	190.00
191.00	19100	RESEARCH	0	202,534	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,469,057	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	FOUNDATION	0	153,750	194.01
194.02	07952	POISON CONTROL	0	2,139,809	194.02
194.03	07953	COMMUNITY EDUCATION	0	420,219	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	1,430,141	194.04
194.05	07955	MISC NONREIMBURSABLE	0	8,356,045	194.05
194.06	07956	RETAIL PHARMACY	0	4,272,631	194.06
194.07	07957	FREESTANDING RHC	0	1,481,819	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-71,177,528	513,932,907	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 4:55 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHARMACY COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,186,358	30,554,993	1.00
	TOTALS		6,186,358	30,554,993	
B - BEHAVIORAL MEDICINE					
1.00	PSYCHOTHERAPY	70.02	67,533	50,058	1.00
2.00	SOCIAL SERVICE	17.00	46,263	31,190	2.00
3.00	EMERGENCY	91.00	138,788	93,569	3.00
4.00	SUBPROVIDER - IPF	40.00	348,134	258,052	4.00
	TOTALS		600,718	432,869	
C - DIETARY					
1.00	CAFETERIA	11.00	2,977,180	4,838,397	1.00
	TOTALS		2,977,180	4,838,397	
D - PHARMACY PARAMEDICAL COSTS					
1.00	PARAMEDICAL PRGM	23.00	67,441	11,355	1.00
	TOTALS		67,441	11,355	
E - RENTAL PARKING CGCH FOUNDATION					
1.00	FOUNDATION	194.01	0	153,739	1.00
	TOTALS		0	153,739	
F - VP DIAGNOSTICS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	31,349	3,814	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	23,263	2,831	2.00
3.00	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	6,909	841	3.00
4.00	ULTRASOUND	56.01	3,227	393	4.00
5.00	RESPIRATORY THERAPY	65.00	25,123	3,057	5.00
6.00	VASCULAR LAB	69.02	1,454	176	6.00
	TOTALS		91,325	11,112	
G - DEFAULT					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,603,938	809,295	1.00
	TOTALS		2,603,938	809,295	
H - MATERNAL TRANSPORT					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	329,745	405	1.00
	TOTALS		329,745	405	
I - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,605,748	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,987,065	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
	TOTALS		0	33,592,813	
J - NURSERY					
1.00	NURSERY	43.00	252,601	255,330	1.00
	TOTALS		252,601	255,330	
K - INTERNS & RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,626,648	0	1.00
	TOTALS		1,626,648	0	
L - TRANSPLANT OTHER EXPENSES					
1.00	HEART ACQUISITION	106.00	0	187,089	1.00
2.00	LIVER ACQUISITION	107.00	0	128,386	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	9,100	3.00
	TOTALS		0	324,575	

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
M - TRANSPLANT SALARY EXPENSES						
1.00	KIDNEY ACQUISITION	105.00	21,664	0	1.00	
2.00	HEART ACQUISITION	106.00	5,138	0	2.00	
3.00	LIVER ACQUISITION	107.00	10,055	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	177,258	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
TOTALS			214,115	0		
N - TRANSPLANT SLU HLA						
1.00	LABORATORY	60.00	0	219,251	1.00	
2.00	HEART ACQUISITION	106.00	0	11,558	2.00	
TOTALS			0	230,809		
O - NON-TEACHING PHYSICIAN COSTS						
1.00	ADULTS & PEDIATRICS	30.00	1,024,460	7,974,934	1.00	
2.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	206,023	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	637,703	3.00	
4.00	OPERATING ROOM	50.00	0	2,089,935	4.00	
5.00	ANESTHESIOLOGY	53.00	0	518,262	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	761,579	6.00	
7.00	ULTRA SOUND	56.01	0	73,425	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	158,242	8.00	
9.00	ANATOMIC PATHOLOGY	60.01	0	479,166	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	193,288	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	151,750	11.00	
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	591,374	12.00	
13.00	RENAL DIALYSIS	74.00	0	42,225	13.00	
14.00	CLINIC	90.00	0	132,041	14.00	
15.00	EMERGENCY	91.00	0	449,326	15.00	
TOTALS			1,024,460	14,459,273		
P - CONTRACTED MEDICAL DIRECTORS						
1.00	ADULTS & PEDIATRICS	30.00	0	205,501	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	34,920	2.00	
3.00	OPERATING ROOM	50.00	0	47,600	3.00	
4.00	PAIN MANAGEMENT	53.01	0	31,847	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	58,631	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	78,679	6.00	
7.00	ANATOMIC PATHOLOGY	60.01	0	25,450	7.00	
8.00	INTRAVENOUS THERAPY	64.00	0	23,984	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	12,073	9.00	
10.00	SLEEP DISORDER	65.01	0	6,938	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	31,529	11.00	
12.00	CARDIAC REHAB	69.01	0	7,899	12.00	
13.00	PSYCHOTHERAPY	70.02	0	8,910	13.00	
TOTALS			0	573,961		
500.00	Grand Total: Increases		15,974,529	86,248,926	500.00	

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 4:55 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY COSTS							
1.00	PHARMACY	15.00	6,186,358	30,554,993	0		1.00
	TOTALS		6,186,358	30,554,993			
B - BEHAVIORAL MEDICINE							
1.00	ADMINISTRATIVE & GENERAL	5.00	600,718	432,869	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
	TOTALS		600,718	432,869			
C - DIETARY							
1.00	DIETARY	10.00	2,977,180	4,838,397	0		1.00
	TOTALS		2,977,180	4,838,397			
D - PHARMACY PARAMED ED COSTS							
1.00	PHARMACY	15.00	67,441	11,355	0		1.00
	TOTALS		67,441	11,355			
E - RENTAL PARKING CGCH FOUNDATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	153,739	0		1.00
	TOTALS		0	153,739			
F - VP DIAGNOSTICS							
1.00	ADMINISTRATIVE & GENERAL	5.00	91,325	11,112	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		91,325	11,112			
G - DEFAULT							
1.00	ADULTS & PEDIATRICS	30.00	2,603,938	809,295	0		1.00
	TOTALS		2,603,938	809,295			
H - MATERNAL TRANSPORT							
1.00	ADULTS & PEDIATRICS	30.00	329,745	405	0		1.00
	TOTALS		329,745	405			
I - CHARGEABLE SUPPLIES							
1.00	PHARMACY	15.00	0	358,304	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,602,290	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	707,981	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	698,897	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	127,840	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,198,563	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	59	0		7.00
8.00	OPERATING ROOM	50.00	0	15,717,533	0		8.00
9.00	RECOVERY ROOM	51.00	0	69,905	0		9.00
10.00	PAIN MANAGEMENT	53.01	0	72,202	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,091,852	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	215,706	0		12.00
13.00	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0	32,427	0		13.00
14.00	ULTRA SOUND	56.01	0	64,398	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	6,834,718	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	437,325	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	507,782	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	2,699	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	10,935	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	106,935	0		20.00
21.00	ENDOSCOPY	69.03	0	729,824	0		21.00
22.00	RENAL DIALYSIS	74.00	0	136,524	0		22.00
23.00	CLINIC	90.00	0	1,003,392	0		23.00
24.00	EMERGENCY	91.00	0	864,722	0		24.00
	TOTALS		0	33,592,813			
J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	252,601	255,330	0		1.00
	TOTALS		252,601	255,330			
K - INTERNS & RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,626,648	0	0		1.00
	TOTALS		1,626,648	0			
L - TRANSPLANT OTHER EXPENSES							
1.00	KIDNEY ACQUISITION	105.00	0	324,575	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	324,575			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
M - TRANSPLANT SALARY EXPENSES							
1.00	KIDNEY ACQUISITION	105.00	212,061	0	0		1.00
2.00	SOCIAL SERVICE	17.00	1,083	0	0		2.00
3.00	PHARMACY	15.00	564	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	117	0	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	107	0	0		5.00
6.00	CLINICAL NUTRITION	69.04	183	0	0		6.00
	TOTALS		214,115	0	0		
N - TRANSPLANT SLU HLA							
1.00	KIDNEY ACQUISITION	105.00	0	230,809	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	230,809	0		
O - NON-TEACHING PHYSICIAN COSTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,024,460	14,459,273	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
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
	TOTALS		1,024,460	14,459,273	0		
P - CONTRACTED MEDICAL DIRECTORS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	315	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	9,600	0		2.00
3.00	ECT	70.01	0	4,700	0		3.00
4.00	CLINIC	90.00	0	1,850	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	0	557,496	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		0	573,961	0		
500.00	Grand Total: Decreases		15,974,529	86,248,926			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0	0	0	1.00
2.00	Land Improvements	9,385,121	169,402	0	169,402	2.00
3.00	Buildings and Fixtures	380,635,717	14,406,750	0	14,406,750	3.00
4.00	Building Improvements	7,373,997	1,678,271	0	1,678,271	4.00
5.00	Fixed Equipment	45,868,895	878,839	0	878,839	5.00
6.00	Movable Equipment	167,014,953	18,361,912	0	18,361,912	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	628,476,888	35,495,174	0	35,495,174	8.00
9.00	Reconciling Items	0	-10,058,760	0	-10,058,760	9.00
10.00	Total (line 8 minus line 9)	628,476,888	45,553,934	0	45,553,934	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,198,205	0			1.00
2.00	Land Improvements	9,554,523	0			2.00
3.00	Buildings and Fixtures	394,937,180	0			3.00
4.00	Building Improvements	9,052,268	0			4.00
5.00	Fixed Equipment	46,747,734	0			5.00
6.00	Movable Equipment	183,423,063	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	661,912,973	0			8.00
9.00	Reconciling Items	-9,063,907	0			9.00
10.00	Total (line 8 minus line 9)	670,976,880	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

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	13,173,436	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,994,635	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,168,071	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	13,173,436				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,994,635				2.00
3.00	Total (sum of lines 1-2)	0	24,168,071				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 4:55 pm

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	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	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	0	14,066,125	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,527,397	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	29,593,522	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	0	0	0	14,066,125	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,527,397	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	29,593,522	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	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)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-16,480,499			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	-16,722,546			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
33.01	MI SC REVENUE	B	-3,817,526	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SC REVENUE	B	-1,094	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03	MI SC REVENUE	B	-339,014	OPERATION OF PLANT	7.00	0 33.03
33.04	MI SC REVENUE	B	-79,739	LAUNDRY & LINEN SERVICE	8.00	0 33.04
33.05	MI SC REVENUE	B	-25,037	HOUSEKEEPING	9.00	0 33.05
33.06	MI SC REVENUE	B	-3,630,159	CAFETERIA	11.00	0 33.06
33.07	MI SC REVENUE	B	-35,615	NURSING ADMINISTRATION	13.00	0 33.07
33.08	MI SC REVENUE	B	-24,196	CENTRAL SERVICES & SUPPLY	14.00	0 33.08
33.09	MI SC REVENUE	B	-21,778	MEDICAL RECORDS & LIBRARY	16.00	0 33.09
33.10	MI SC REVENUE	B	-20,283	SOCIAL SERVICE	17.00	0 33.10
33.11	MI SC REVENUE	B	-1,348,113	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.11
33.12	MI SC REVENUE	B	-53,461	ADULTS & PEDIATRICS	30.00	0 33.12
33.13	MI SC REVENUE	B	-3,917	INTENSIVE CARE UNIT	31.00	0 33.13
33.14	MI SC REVENUE	B	-16	CORONARY CARE UNIT	32.00	0 33.14
33.15	MI SC REVENUE	B	-183	OPERATING ROOM	50.00	0 33.15
33.16	MI SC REVENUE	B	-2,234	RECOVERY ROOM	51.00	0 33.16
33.17	MI SC REVENUE	B	-531	ANESTHESIOLOGY	53.00	0 33.17
33.18	MI SC REVENUE	B	-4,703	PAIN MANAGEMENT	53.01	0 33.18
33.19	MI SC REVENUE	B	-138,195	RADIOLOGY-DIAGNOSTIC	54.00	0 33.19
33.20	MI SC REVENUE	B	-735,083	RADIOLOGY-THERAPEUTIC	55.00	0 33.20
33.21	MI SC REVENUE	B	-4,106	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0 33.21
33.22	MI SC REVENUE	B	-18,817	ULTRASOUND	56.01	0 33.22
33.23	MI SC REVENUE	B	-7,094	CARDIAC CATHETERIZATION	59.00	0 33.23
33.24	MI SC REVENUE	B	-1,015,943	LABORATORY	60.00	0 33.24
33.25	MI SC REVENUE	B	-1,051,826	ANATOMICAL PATHOLOGY	60.01	0 33.25
33.26	MI SC REVENUE	B	-160,307	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0 33.26
33.27	MI SC REVENUE	B	-35,973	INTRAVENOUS THERAPY	64.00	0 33.27
33.28	MI SC REVENUE	B	-3,730	RESPIRATORY THERAPY	65.00	0 33.28
33.29	MI SC REVENUE	B	-359	SPEECH PATHOLOGY	68.00	0 33.29
33.30	MI SC REVENUE	B	-9,552	ELECTROCARDIOLOGY	69.00	0 33.30
33.31	MI SC REVENUE	B	-20,074	VASCULAR LAB	69.02	0 33.31
33.32	MI SC REVENUE	B	-7,992	ENDOSCOPY	69.03	0 33.32
33.33	MI SC REVENUE	B	-40,182	CLINICAL NUTRITION	69.04	0 33.33
33.34	MI SC REVENUE	B	-191	ELECTROENCEPHALOGRAPHY	70.00	0 33.34
33.35	MI SC REVENUE	B	-9,682,380	DRUGS CHARGED TO PATIENTS	73.00	0 33.35
33.36	MI SC REVENUE	B	-937	RENAL DIALYSIS	74.00	0 33.36
33.37	MI SC REVENUE	B	-99,552	CLINIC	90.00	0 33.37
33.38	MI SC REVENUE	B	-2,968	EMERGENCY	91.00	0 33.38
34.01	INTEREST EXPENSE	B	-823,677	INTEREST EXPENSE	113.00	0 34.01
35.00	TEACHING RCE	A	-7,031,430	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 35.00
35.01	TEACHING RCE	A	-8,746	INTENSIVE CARE UNIT	31.00	0 35.01
37.00	PATIENT TELEPHONES	A	-36,372	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00	FRA EXPENSE MCR ADJUSTMENT	A	-5,000,726	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00	LOBBYING EXPENSE	A	-49,399	ADMINISTRATIVE & GENERAL	5.00	0 39.00
41.00	NON MED TRANSPORTATION	A	-33	RADIOLOGY-DIAGNOSTIC	54.00	0 41.00
41.01	NON MED TRANSPORTATION	A	-4,231	SUBPROVIDER - IPF	40.00	0 41.01
41.02	NON MED TRANSPORTATION	A	-293,005	PSYCHOTHERAPY	70.02	0 41.02
41.03	NON MED TRANSPORTATION	A	-279	CLINIC	90.00	0 41.03
42.00	ADVERTISING	A	-20,361	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	ADVERTISING	A	-53	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 42.01
42.02	ADVERTISING	A	-9,109	ADULTS & PEDIATRICS	30.00	0 42.02
42.03	ADVERTISING	A	-2,150	NEONATAL INTENSIVE CARE UNIT	35.00	0 42.03
42.04	ADVERTISING	A	-10,738	RECOVERY ROOM	51.00	0 42.04
42.05	ADVERTISING	A	-44	PAIN MANAGEMENT	53.01	0 42.05
42.06	ADVERTISING	A	-2,612	RADIOLOGY-DIAGNOSTIC	54.00	0 42.06
42.07	ADVERTISING	A	-31,004	CLINIC	90.00	0 42.07
42.08	ADVERTISING	A	-1,324	EMERGENCY	91.00	0 42.08
43.00	ENTERTAINMENT	A	-47,242	ADMINISTRATIVE & GENERAL	5.00	0 43.00
43.01	ENTERTAINMENT	A	-520	ADULTS & PEDIATRICS	30.00	0 43.01
43.02	ENTERTAINMENT	A	-165	ELECTROCARDIOLOGY	69.00	0 43.02
43.03	ENTERTAINMENT	A	-78	VASCULAR LAB	69.02	0 43.03
43.04	ENTERTAINMENT	A	-37	ELECTROENCEPHALOGRAPHY	70.00	0 43.04
43.05	ENTERTAINMENT	A	-93	CLINIC	90.00	0 43.05
43.06	ENTERTAINMENT	A	-2,291	EMERGENCY	91.00	0 43.06

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
44.00	CONTRIBUTIONS	A	-66,764	ADMINISTRATIVE & GENERAL	5.00	0 44.00
44.01	CONTRIBUTIONS	A	-786	HOUSEKEEPING	9.00	0 44.01
44.02	CONTRIBUTIONS	A	-205	DIETARY	10.00	0 44.02
44.03	CONTRIBUTIONS	A	-3,179	NURSING ADMINISTRATION	13.00	0 44.03
44.04	CONTRIBUTIONS	A	-2,029	PHARMACY	15.00	0 44.04
44.05	CONTRIBUTIONS	A	-20	MEDICAL RECORDS & LIBRARY	16.00	0 44.05
44.06	CONTRIBUTIONS	A	-433	SOCIAL SERVICE	17.00	0 44.06
44.07	CONTRIBUTIONS	A	-682	I&R SERVICES-OTHER PRGM	22.00	0 44.07
44.08	CONTRIBUTIONS	A	-157	COSTS APPRVD	23.00	0 44.08
44.09	CONTRIBUTIONS	A	-157	PARAMEDICAL PRGM	23.00	0 44.08
44.09	CONTRIBUTIONS	A	-14,686	ADULTS & PEDIATRICS	30.00	0 44.09
44.10	CONTRIBUTIONS	A	-597	INTENSIVE CARE UNIT	31.00	0 44.10
44.11	CONTRIBUTIONS	A	-4	CORONARY CARE UNIT	32.00	0 44.11
44.12	CONTRIBUTIONS	A	-333	NEONATAL INTENSIVE CARE UNIT	35.00	0 44.12
44.13	CONTRIBUTIONS	A	-307	SUBPROVIDER - IPF	40.00	0 44.13
44.14	CONTRIBUTIONS	A	-489	OPERATING ROOM	50.00	0 44.14
44.15	CONTRIBUTIONS	A	-1,011	RECOVERY ROOM	51.00	0 44.15
44.16	CONTRIBUTIONS	A	-102	PAIN MANAGEMENT	53.01	0 44.16
44.17	CONTRIBUTIONS	A	-1,683	RADIOLOGY-DIAGNOSTIC	54.00	0 44.17
44.18	CONTRIBUTIONS	A	-932	RADIOLOGY-THERAPEUTIC	55.00	0 44.18
44.19	CONTRIBUTIONS	A	-95	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0 44.19
44.20	CONTRIBUTIONS	A	-2,407	LABORATORY	60.00	0 44.20
44.21	CONTRIBUTIONS	A	-844	INTRAVENOUS THERAPY	64.00	0 44.21
44.22	CONTRIBUTIONS	A	-819	RESPIRATORY THERAPY	65.00	0 44.22
44.23	CONTRIBUTIONS	A	-124	SLEEP DISORDER	65.01	0 44.23
44.24	CONTRIBUTIONS	A	-25	ELECTROCARDIOLOGY	69.00	0 44.24
44.25	CONTRIBUTIONS	A	-153	CARDIAC REHAB	69.01	0 44.25
44.26	CONTRIBUTIONS	A	-20	PSYCHOTHERAPY	70.02	0 44.26
44.27	CONTRIBUTIONS	A	-3,428	CLINIC	90.00	0 44.27
44.28	CONTRIBUTIONS	A	-1,622	EMERGENCY	91.00	0 44.28
45.01	NURSE PRACTITIONER	A	-9,288	NURSING ADMINISTRATION	13.00	0 45.01
45.02	NURSE PRACTITIONER	A	-948,839	NEONATAL INTENSIVE CARE UNIT	35.00	0 45.02
45.03	NURSE PRACTITIONER	A	-201,744	OPERATING ROOM	50.00	0 45.03
45.04	NURSE PRACTITIONER	A	-7,145	RADIOLOGY-THERAPEUTIC	55.00	0 45.04
45.05	NURSE PRACTITIONER	A	-165,478	INTRAVENOUS THERAPY	64.00	0 45.05
45.06	NURSE PRACTITIONER	A	-710,793	CLINIC	90.00	0 45.06
46.00	MEMBERSHIP DUES PERSONAL USAGE	A	-8,681	ADMINISTRATIVE & GENERAL	5.00	0 46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-71,177,528			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2014 4:55 pm

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	4.00	EMPLOYEE BENEFITS DEPARTMENT HOME OFFICE	29,922,792	42,155,373	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX HOME OFFICE	892,689	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI HOME OFFICE	4,532,762	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL HOME OFFICE	43,877,650	47,029,547	4.00
4.01	6.00	MAINTENANCE & REPAIRS HOME OFFICE CES	0	1,890,283	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO HOME OFFICE	-216,911	0	4.02
4.03	113.00	INTEREST EXPENSE HOME OFFICE INTEREST	874,672	2,245,049	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL HOME OFFICE BOND EXPENSE	0	509,236	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL NETWORK CORP 130	25,966,992	28,706,826	4.05
4.06	4.00	EMPLOYEE BENEFITS DEPARTMENT OTHER INTERCO	227,903	227,903	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL OTHER INTERCO	-3,730,721	-3,730,721	4.07
4.08	13.00	NURSING ADMINISTRATION OTHER INTERCO	1,303,812	1,303,812	4.08
4.09	30.00	ADULTS & PEDIATRICS OTHER INTERCO	1,182,546	1,182,546	4.09
4.10	55.00	RADIOLOGY-THERAPEUTIC OTHER INTERCO	102,881	102,881	4.10
4.11	55.01	NUCLEAR MEDICINE-DIAGNOSTIC OTHER INTERCO	7,428	7,428	4.11
4.12	69.00	ELECTROCARDIOLOGY OTHER INTERCO	63,971	63,971	4.12
4.13	90.00	CLINIC OTHER INTERCO	172,507	172,507	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL OTHER INTERCO	0	36,878	4.14
4.15	0.00	OTHER INTERCO	0	0	4.15
4.16	0.00	OTHER INTERCO	0	0	4.16
5.00	0	0	105,180,973	121,903,519	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	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	6.00
7.00	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	100.00	7.00
8.00	G	SSM INFO CENTER	100.00	FRAN SISTERS OF MARY	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	CHURCH				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: 260091

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 4:55 pm

	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	-12,232,581	0		1.00
2.00	892,689	9		2.00
3.00	4,532,762	9		3.00
4.00	-3,151,897	0		4.00
4.01	-1,890,283	0		4.01
4.02	-216,911	0		4.02
4.03	-1,370,377	0		4.03
4.04	-509,236	0		4.04
4.05	-2,739,834	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	-36,878	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
5.00	-16,722,546			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00	ST LOUIS NETWORK		7.00
8.00	DATA PROCESSING SERVICES		8.00
9.00			9.00
10.00			10.00
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: 260091

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 4:55 pm

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	5.00	271,793	0	271,793	177,200	2,203	1.00
2.00	30.00	15,858,264	6,805,794	9,052,470	373,600	58,023	2.00
3.00	31.00	866,441	852,818	13,622	177,200	91	3.00
4.00	35.00	24,000	24,000	0	177,200	0	4.00
5.00	40.00	419,612	360,932	58,680	154,100	543	5.00
6.00	50.00	184,083	136,483	47,600	208,000	332	6.00
7.00	53.00	3,657,876	3,612,000	45,876	200,300	334	7.00
8.00	53.01	31,847	0	31,847	177,200	205	8.00
9.00	54.00	105	105	0	225,300	0	9.00
10.00	55.00	58,631	0	58,631	225,300	436	10.00
11.00	59.00	78,679	0	78,679	177,200	530	11.00
12.00	60.00	254,400	254,400	0	215,700	0	12.00
13.00	60.01	187,555	162,105	25,450	215,700	255	13.00
14.00	64.00	23,984	0	23,984	177,200	175	14.00
15.00	65.00	12,073	0	12,073	177,200	127	15.00
16.00	65.01	50,743	44,955	5,788	177,200	26	16.00
17.00	69.00	198,897	167,368	31,529	177,200	128	17.00
18.00	69.01	7,899	0	7,899	177,200	105	18.00
19.00	69.02	20,400	20,400	0	177,200	0	19.00
20.00	70.02	4,210	0	4,210	331,300	61	20.00
21.00	90.00	3,792,503	3,790,753	1,750	177,200	18	21.00
22.00	91.00	17,781	17,781	0	177,200	0	22.00
200.00		26,021,776	16,249,894	9,771,881		63,592	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	5.00	187,679	9,384	0	0	0	1.00
2.00	30.00	10,421,823	521,091	0	0	0	2.00
3.00	31.00	7,753	388	0	0	0	3.00
4.00	35.00	0	0	0	0	0	4.00
5.00	40.00	40,229	2,011	0	0	0	5.00
6.00	50.00	33,200	1,660	0	0	0	6.00
7.00	53.00	32,164	1,608	0	0	0	7.00
8.00	53.01	17,464	873	0	0	0	8.00
9.00	54.00	0	0	0	0	0	9.00
10.00	55.00	47,226	2,361	0	0	0	10.00
11.00	59.00	45,152	2,258	0	0	0	11.00
12.00	60.00	0	0	0	0	0	12.00
13.00	60.01	26,444	1,322	0	0	0	13.00
14.00	64.00	14,909	745	0	0	0	14.00
15.00	65.00	10,819	541	0	0	0	15.00
16.00	65.01	2,215	111	0	0	0	16.00
17.00	69.00	10,905	545	0	0	0	17.00
18.00	69.01	8,945	447	0	0	0	18.00
19.00	69.02	0	0	0	0	0	19.00
20.00	70.02	9,716	486	0	0	0	20.00
21.00	90.00	1,533	77	0	0	0	21.00
22.00	91.00	0	0	0	0	0	22.00
200.00		10,918,176	545,908	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	5.00	0	187,679	84,114	84,114		1.00
2.00	30.00	0	10,421,823	0	6,805,794		2.00
3.00	31.00	0	7,753	5,869	858,688		3.00
4.00	35.00	0	0	0	24,000		4.00
5.00	40.00	0	40,229	18,451	379,383		5.00
6.00	50.00	0	33,200	14,400	150,883		6.00
7.00	53.00	0	32,164	13,712	3,625,712		7.00
8.00	53.01	0	17,464	14,383	14,383		8.00
9.00	54.00	0	0	0	105		9.00
10.00	55.00	0	47,226	11,405	11,405		10.00
11.00	59.00	0	45,152	33,527	33,527		11.00
12.00	60.00	0	0	0	254,400		12.00
13.00	60.01	0	26,444	0	162,105		13.00
14.00	64.00	0	14,909	9,075	9,075		14.00
15.00	65.00	0	10,819	1,254	1,254		15.00
16.00	65.01	0	2,215	3,573	48,528		16.00
17.00	69.00	0	10,905	20,624	187,992		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 4:55 pm

	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		
18.00	69.01	CARDIAC REHAB	0	8,945	0	0		18.00
19.00	69.02	VASCULAR LAB	0	0	0	20,400		19.00
20.00	70.02	PSYCHOTHERAPY	0	9,716	0	0		20.00
21.00	90.00	CLINIC	0	1,533	217	3,790,970		21.00
22.00	91.00	EMERGENCY	0	0	0	17,781		22.00
200.00			0	10,918,176	230,604	16,480,499		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	14,066,125	14,066,125			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	15,527,397		15,527,397		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	45,983,374	62,972	0	46,046,346	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	113,223,833	2,622,100	1,497,871	5,902,534	123,246,338
6.00 00600	MAINTENANCE & REPAIRS	2,307,700	113,957	0	0	2,421,657
7.00 00700	OPERATION OF PLANT	13,819,653	2,112,031	1,028,792	729,576	17,690,052
8.00 00800	LAUNDRY & LINEN SERVICE	1,831,477	63,258	1,349	53,338	1,949,422
9.00 00900	HOUSEKEEPING	6,855,099	78,511	33,039	986,722	7,953,371
10.00 01000	DIETARY	1,769,122	135,020	159,080	157,600	2,220,822
11.00 01100	CAFETERIA	4,185,418	281,998	0	696,160	5,163,576
13.00 01300	NURSING ADMINISTRATION	5,841,041	28,536	107,043	1,075,765	7,052,385
14.00 01400	CENTRAL SERVICES & SUPPLY	2,326,826	314,777	330	235,356	2,877,289
15.00 01500	PHARMACY	2,301,269	83,541	22,754	92,017	2,499,581
16.00 01600	MEDICAL RECORDS & LIBRARY	2,462,462	154,426	5,679	345,115	2,967,682
17.00 01700	SOCIAL SERVICE	3,232,961	15,450	1,878	639,679	3,889,968
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,626,648	0	0	380,362	2,007,010
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	25,607,311	379,270	15,261	149,051	26,150,893
23.00 02300	PARAMED PRGM	422,943	2,775	0	92,736	518,454
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,493,653	2,424,382	1,088,610	8,009,459	49,016,104
31.00 03100	INTENSIVE CARE UNIT	4,374,207	158,203	109,063	1,139,529	5,781,002
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	3,733,013	206,137	128,680	788,971	4,856,801
32.00 03200	CORONARY CARE UNIT	1,389,744	69,837	64,638	309,150	1,833,369
35.00 02040	NEONATAL INTENSIVE CARE UNIT	15,246,706	288,711	583,222	3,517,356	19,635,995
40.00 04000	SUBPROVIDER - IPF	5,576,444	168,130	27,130	1,046,749	6,818,453
43.00 04300	NURSERY	507,931	14,608	24,143	59,066	605,748
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,383,694	733,406	1,513,205	1,897,642	18,527,947
51.00 05100	RECOVERY ROOM	3,802,073	137,982	25,696	838,395	4,804,146
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,743,068	0	194,947	685,989	4,624,004
53.00 05300	ANESTHESIOLOGY	1,995,646	32,466	114,682	57,340	2,200,134
53.01 05301	PAIN MANAGEMENT	991,167	0	52,887	139,835	1,183,889
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,493,233	381,114	2,408,722	1,162,702	11,445,771
55.00 05500	RADIOLOGY-THERAPEUTIC	4,999,677	40,513	926,312	544,069	6,510,571
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	1,719,037	41,363	38,438	154,800	1,953,638
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ULTRA SOUND	810,149	22,432	29,925	174,491	1,036,997
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,972,549	140,149	2,359,012	366,927	4,838,637
60.00 06000	LABORATORY	9,744,699	235,192	71,115	800,858	10,851,864
60.01 06001	ANATOMICAL PATHOLOGY	2,839,253	89,127	139,542	355,835	3,423,757
60.02 06003	LAB-STEM CELL	1,575	0	0	0	1,575
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,512,861	16,810	12,893	440,853	4,983,417
64.00 06400	INTRAVENOUS THERAPY	2,475,352	105,991	65,414	530,605	3,177,362
65.00 06500	RESPIRATORY THERAPY	6,075,887	45,803	370,745	855,816	7,348,251
65.01 06501	SLEEP DISORDER	1,207,201	16,524	20,660	180,679	1,425,064
66.00 06600	PHYSICAL THERAPY	1,475,140	63,795	3,772	151,840	1,694,547
67.00 06700	OCCUPATIONAL THERAPY	591,273	19,603	811	87,286	698,973
68.00 06800	SPEECH PATHOLOGY	855,771	28,760	20,780	162,270	1,067,581
69.00 06900	ELECTROCARDIOLOGY	1,868,028	39,502	208,702	340,024	2,456,256
69.01 06901	CARDIAC REHAB	409,361	46,385	19,748	91,044	566,538
69.02 06902	VASCULAR LAB	329,196	77,213	194,160	59,934	660,503
69.03 06903	ENDOSCOPY	2,372,603	149,914	229,392	443,487	3,195,396
69.04 06904	CLINICAL NUTRITION	733,659	7,322	88	179,496	920,565
70.00 07000	ELECTROENCEPHALOGRAPHY	2,097,852	21,957	34,307	344,842	2,498,958
70.01 07001	ECT	189,784	30,729	0	40,604	261,117
70.02 07002	PSYCHOTHERAPY	724,944	110,001	0	146,003	980,948
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,388,837	0	0	0	20,388,837
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,987,065	0	0	0	12,987,065
73.00 07300	DRUGS CHARGED TO PATIENTS	27,058,971	0	0	1,446,568	28,505,539
74.00 07400	RENAL DIALYSIS	1,193,183	17,974	14,853	67,182	1,293,192

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	8,249,588	738,938	348,304	2,548,499	11,885,329	90.00
91.00 09100 EMERGENCY	11,055,091	329,045	799,411	2,195,739	14,379,286	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	266,012	689	0	5,066	271,767	105.00
106.00 10600 HEART ACQUISITION	203,785	680	0	1,201	205,666	106.00
107.00 10700 LIVER ACQUISITION	138,441	689	0	2,351	141,481	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	493,668,062	13,500,698	15,117,085	43,906,563	490,552,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	338,840	31,105	0	15,458	385,403	190.00
191.00 19100 RESEARCH	202,534	1,208	1,299	0	205,041	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,469,057	498,679	145,828	137,291	2,250,855	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	153,750	5,711	37,970	0	197,431	194.01
194.02 07952 POISON CONTROL	2,139,809	0	46,714	419,029	2,605,552	194.02
194.03 07953 COMMUNITY EDUCATION	420,219	1,566	2,268	58,484	482,537	194.03
194.04 07954 BILLABLE DEPARTMENTS	1,430,141	0	0	389,219	1,819,360	194.04
194.05 07955 MISC NONREIMBURSABLE	8,356,045	24,347	170,676	750,211	9,301,279	194.05
194.06 07956 RETAIL PHARMACY	4,272,631	2,811	0	149,753	4,425,195	194.06
194.07 07957 FREESTANDING RHC	1,481,819	0	5,557	220,338	1,707,714	194.07
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	513,932,907	14,066,125	15,527,397	46,046,346	513,932,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 4:55 pm
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL	123,246,338				5.00
6.00 00600 MAINTENANCE & REPAIRS	763,938	3,185,595			6.00
7.00 00700 OPERATION OF PLANT	5,580,521	597,143	23,867,716		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	614,967	17,885	164,917	2,747,191	8.00
9.00 00900 HOUSEKEEPING	2,508,978	22,198	204,682	0	10,689,229
10.00 01000 DIETARY	700,583	38,175	352,003	0	160,125
11.00 01100 CAFETERIA	1,628,907	79,730	735,183	0	334,433
13.00 01300 NURSING ADMINISTRATION	2,224,752	8,068	74,396	0	33,842
14.00 01400 CENTRAL SERVICES & SUPPLY	907,672	88,998	820,640	0	373,307
15.00 01500 PHARMACY	788,520	23,620	217,796	0	99,075
16.00 01600 MEDICAL RECORDS & LIBRARY	936,188	43,661	402,596	0	183,140
17.00 01700 SOCIAL SERVICE	1,227,133	4,368	40,278	0	18,322
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	633,133	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	8,249,587	107,233	988,777	0	449,792
23.00 02300 PARAMED PRGM	163,552	785	7,234	0	3,291
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	15,462,630	685,458	6,320,483	1,403,654	2,875,169
31.00 03100 INTENSIVE CARE UNIT	1,823,681	44,729	412,443	319,769	187,619
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	1,532,131	58,282	537,409	8,380	244,466
32.00 03200 CORONARY CARE UNIT	578,356	19,745	182,069	64,831	82,823
35.00 02040 NEONATAL INTENSIVE CARE UNIT	6,194,391	81,629	752,685	62,498	342,394
40.00 04000 SUBPROVIDER - IPF	2,150,956	47,536	438,323	61,744	199,392
43.00 04300 NURSERY	191,090	4,130	38,085	7,719	17,325
45.00 04500 NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	5,844,845	207,359	1,912,025	67,664	869,775
51.00 05100 RECOVERY ROOM	1,515,521	39,012	359,727	54,862	163,639
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,458,693	0	0	0	0
53.00 05300 ANESTHESIOLOGY	694,056	9,179	84,640	0	38,503
53.01 05301 PAIN MANAGEMENT	373,471	0	0	2,350	53,010
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,610,694	107,754	993,584	73,215	451,979
55.00 05500 RADIOLOGY-THERAPEUTIC	2,053,831	11,454	105,619	12,552	48,046
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	616,297	11,695	107,836	20,613	49,054
56.00 05600 RADIOISOTOPE	0	0	0	0	0
56.01 05601 ULTRASOUND	327,132	6,342	58,480	4,374	26,603
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	1,526,401	39,625	365,374	60,333	166,208
60.00 06000 LABORATORY	3,423,340	66,497	613,158	0	278,924
60.01 06001 ANATOMICAL PATHOLOGY	1,080,062	25,199	232,358	0	105,699
60.02 06003 LAB-STEM CELL	497	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,572,074	4,753	43,825	0	19,936
64.00 06400 INTRAVENOUS THERAPY	1,002,334	29,967	276,324	10,154	125,699
65.00 06500 RESPIRATORY THERAPY	2,318,087	12,950	119,411	0	54,320
65.01 06501 SLEEP DISORDER	449,552	4,672	43,079	6,589	19,596
66.00 06600 PHYSICAL THERAPY	534,563	18,037	166,317	3,612	75,657
67.00 06700 OCCUPATIONAL THERAPY	220,499	5,542	51,106	0	23,248
68.00 06800 SPEECH PATHOLOGY	336,780	8,131	74,979	0	34,108
69.00 06900 ELECTROCARDIOLOGY	774,853	11,168	102,982	46,217	46,846
69.01 06901 CARDIAC REHAB	178,721	13,115	120,928	735	55,010
69.02 06902 VASCULAR LAB	208,363	21,831	201,298	952	91,570
69.03 06903 ENDOSCOPY	1,008,023	42,386	390,834	45,037	177,789
69.04 06904 CLINICAL NUTRITION	290,402	2,070	19,089	0	8,684
70.00 07000 ELECTROENCEPHALOGRAPHY	788,324	6,208	57,244	8,133	26,040
70.01 07001 ECT	82,372	8,688	80,113	0	36,443
70.02 07002 PSYCHOTHERAPY	309,451	31,101	286,778	0	130,455
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,431,883	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,096,913	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	8,992,386	0	0	0	0
74.00 07400 RENAL DIALYSIS	407,952	5,082	46,859	0	21,316
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	3,749,358	208,923	1,926,447	46,087	876,335
91.00 09100 EMERGENCY	4,536,104	93,032	857,837	280,593	390,228
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	85,732	195	1,797	0	817

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
106.00	10600	HEART ACQUISITION	64,880	192	1,774	0	807	106.00
107.00	10700	LIVER ACQUISITION	44,632	195	1,797	0	817	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	115,870,744	3,025,727	22,393,618	2,672,667	10,018,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	121,580	8,795	81,093	0	36,889	190.00
191.00	19100	RESEARCH	64,682	342	3,150	0	1,433	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	710,057	140,994	1,300,081	74,524	591,403	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	62,282	1,615	14,888	0	6,773	194.01
194.02	07952	POISON CONTROL	821,950	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	152,222	443	4,084	0	1,858	194.03
194.04	07954	BILLABLE DEPARTMENTS	573,937	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	2,934,191	6,884	63,474	0	28,874	194.05
194.06	07956	RETAIL PHARMACY	1,395,976	795	7,328	0	3,333	194.06
194.07	07957	FREESTANDING RHC	538,717	0	0	0	0	194.07
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)	123,246,338	3,185,595	23,867,716	2,747,191	10,689,229	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 4:55 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,471,708					10.00
11.00	01100	0	7,941,829				11.00
13.00	01300	0	242,546	9,635,989			13.00
14.00	01400	0	90,177	0	5,158,083		14.00
15.00	01500	0	43,534	0	8,420	3,680,546	15.00
16.00	01600	0	111,944	40,085	12	0	16.00
17.00	01700	0	130,602	104,517	0	656	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	96,397	0	0	0	21.00
22.00	02200	0	18,657	7,783	14	11	22.00
23.00	02300	0	15,548	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,959,893	1,812,875	3,480,686	121,380	5,097	30.00
31.00	03100	140,728	195,903	393,590	21,914	142	31.00
31.01	03101	103,732	183,464	353,531	130	304	31.01
32.00	03200	55,915	62,191	127,926	4,446	76	32.00
35.00	02040	690,402	702,762	1,220,780	19,994	835	35.00
40.00	04000	379,623	248,765	356,004	9,562	66	40.00
43.00	04300	141,415	15,548	12,703	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	444,668	514,573	45,804	3,550	50.00
51.00	05100	0	158,588	309,671	18,288	231	51.00
52.00	05200	0	124,383	272,100	0	0	52.00
53.00	05300	0	18,657	40,952	136,426	14,898	53.00
53.01	05301	0	31,096	41,751	7,225	0	53.01
54.00	05400	0	276,751	46,142	2,628	564	54.00
55.00	05500	0	96,397	34,100	4,312	0	55.00
55.01	05501	0	34,205	18,733	0	3,032	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	31,096	263	331	199	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	68,410	106,566	10	80	59.00
60.00	06000	0	167,917	0	55,596	22	60.00
60.01	06001	0	83,958	0	42,691	156	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	146,150	131	42,007	415	63.00
64.00	06400	0	90,177	157,556	17,631	308	64.00
65.00	06500	0	195,903	6,856	0	292	65.00
65.01	06501	0	46,643	7,730	6,058	46	65.01
66.00	06600	0	31,096	0	143	23	66.00
67.00	06700	0	15,548	0	23	0	67.00
68.00	06800	0	34,205	0	22	0	68.00
69.00	06900	0	74,630	9,745	5,163	285	69.00
69.01	06901	0	18,657	38,749	575	0	69.01
69.02	06902	0	12,438	4	608	0	69.02
69.03	06903	0	93,287	140,857	33	365	69.03
69.04	06904	0	49,753	0	0	0	69.04
70.00	07000	0	62,191	47,737	1,041	0	70.00
70.01	07001	0	9,329	17,010	2,708	0	70.01
70.02	07002	0	31,096	10,928	70	0	70.02
71.00	07100	0	0	0	2,677,445	0	71.00
72.00	07200	0	0	0	1,687,500	0	72.00
73.00	07300	0	223,889	0	0	3,578,771	73.00
74.00	07400	0	12,438	29,473	9	43,467	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	429,120	627,451	10,128	383	90.00
91.00	09100	0	550,393	793,938	46,672	936	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,531	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	375	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	705	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,471,708	7,633,982	9,373,232	4,997,019	3,655,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,219	0	4	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	40,424	9,029	9	39	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	383	0	0	194.01
194.02	07952	POISON CONTROL	0	65,301	103,354	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	15,548	14,643	2	0	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	152,369	73,288	158,622	216	194.05
194.06	07956	RETAIL PHARMACY	0	27,986	0	0	0	194.06
194.07	07957	FREESTANDING RHC	0	0	62,060	2,427	25,081	194.07
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)	3,471,708	7,941,829	9,635,989	5,158,083	3,680,546	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	4,685,308					16.00
17.00 01700 SOCIAL SERVICE	0	5,415,844				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,736,540	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	563,389	3,185,599	0	0	1,871,662	30.00
31.00 03100 INTENSIVE CARE UNIT	70,297	228,549	0	0	38,179	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	62,778	169,516	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	21,480	90,445	0	0	38,179	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	328,642	1,125,954	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	69,278	615,781	0	0	19,570	40.00
43.00 04300 NURSERY	28,348	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	360,779	0	0	0	294,387	50.00
51.00 05100 RECOVERY ROOM	66,925	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	66,455	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	95,252	0	0	0	105,541	53.00
53.01 05301 PAIN MANAGEMENT	11,059	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	384,903	0	0	0	55,810	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	119,140	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	49,679	0	0	0	0	55.01
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	37,107	0	0	0	1,194	56.01
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	111,914	0	0	0	0	59.00
60.00 06000 LABORATORY	494,022	0	0	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	43,591	0	0	0	72,589	60.01
60.02 06003 LAB-STEM CELL	526	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	57,350	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	26,899	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	170,880	0	0	0	12,576	65.00
65.01 06501 SLEEP DISORDER	31,621	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	26,829	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	13,292	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	16,730	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	106,309	0	0	0	11,506	69.00
69.01 06901 CARDIAC REHAB	2,154	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	13,931	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	73,132	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	905	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	6,713	0	0	0	124,088	70.00
70.01 07001 ECT	4,010	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	19,677	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90,458	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	67,279	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	515,471	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	17,871	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	105,516	0	0	0	58,415	90.00
91.00 09100 EMERGENCY	331,568	0	0	0	32,844	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	16.00	17.00	19.00	20.00	21.00	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	434	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	325	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	390	0	0	0	0	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,685,308	5,415,844	0	0	2,736,540	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 POISON CONTROL	0	0	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06	07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07	07957 FREESTANDING RHC	0	0	0	0	0	194.07
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)	4,685,308	5,415,844	0	0	2,736,540	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	35,972,747					22.00
23.00 02300 PARAMED PRGM	0	708,864				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,603,631	356,267	113,723,977	-26,475,293	87,248,684	30.00
31.00 03100 INTENSIVE CARE UNIT	501,869	69,785	10,230,199	-540,048	9,690,151	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	0	0	8,110,924	0	8,110,924	31.01
32.00 03200 CORONARY CARE UNIT	501,869	69,785	3,733,505	-540,048	3,193,457	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	31,158,961	0	31,158,961	35.00
40.00 04000 SUBPROVIDER - IPF	257,254	0	11,672,307	-276,824	11,395,483	40.00
43.00 04300 NURSERY	0	69,785	1,131,896	0	1,131,896	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,869,817	0	32,963,193	-4,164,204	28,798,989	50.00
51.00 05100 RECOVERY ROOM	0	0	7,490,610	0	7,490,610	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	6,545,635	0	6,545,635	52.00
53.00 05300 ANESTHESIOLOGY	1,387,378	0	4,825,616	-1,492,919	3,332,697	53.00
53.01 05301 PAIN MANAGEMENT	0	0	1,650,841	0	1,650,841	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	733,643	0	18,183,438	-789,453	17,393,985	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	8,996,022	0	8,996,022	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	2,864,782	0	2,864,782	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	15,696	0	1,545,814	-16,890	1,528,924	56.01
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	7,283,558	0	7,283,558	59.00
60.00 06000 LABORATORY	0	0	15,951,340	0	15,951,340	60.00
60.01 06001 ANATOMICAL PATHOLOGY	954,204	0	6,064,264	-1,026,793	5,037,471	60.01
60.02 06003 LAB-STEM CELL	0	0	2,598	0	2,598	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	6,870,058	0	6,870,058	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	4,914,411	0	4,914,411	64.00
65.00 06500 RESPIRATORY THERAPY	165,319	0	10,404,845	-177,895	10,226,950	65.00
65.01 06501 SLEEP DISORDER	0	0	2,040,650	0	2,040,650	65.01
66.00 06600 PHYSICAL THERAPY	0	0	2,550,824	0	2,550,824	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,028,231	0	1,028,231	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,572,536	0	1,572,536	68.00
69.00 06900 ELECTROCARDIOLOGY	151,254	0	3,797,214	-162,760	3,634,454	69.00
69.01 06901 CARDIAC REHAB	0	0	995,182	0	995,182	69.01
69.02 06902 VASCULAR LAB	0	0	1,211,498	0	1,211,498	69.02
69.03 06903 ENDOSCOPY	0	0	5,167,139	0	5,167,139	69.03
69.04 06904 CLINICAL NUTRITION	0	0	1,291,468	0	1,291,468	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	1,631,178	0	5,257,855	-1,755,266	3,502,589	70.00
70.01 07001 ECT	0	0	501,790	0	501,790	70.01
70.02 07002 PSYCHOTHERAPY	0	0	1,800,504	0	1,800,504	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	29,588,623	0	29,588,623	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	18,838,757	0	18,838,757	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	41,816,056	0	41,816,056	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,877,659	-39,925	1,837,734	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	767,889	143,242	20,834,623	-826,304	20,008,319	90.00
91.00 09100 EMERGENCY	431,746	0	22,725,177	-464,590	22,260,587	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	362,273	0	362,273	105.00
106.00 10600 HEART ACQUISITION	0	0	274,019	0	274,019	106.00
107.00 10700 LIVER ACQUISITION	0	0	190,017	0	190,017	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	35,972,747	708,864	480,040,889	-38,749,212	441,291,677	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	639,983	0	639,983	190.00
191.00 19100 RESEARCH	0	0	274,648	0	274,648	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,117,415	0	5,117,415	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	283,372	0	283,372	194.01
194.02 07952 POISON CONTROL	0	0	3,596,157	0	3,596,157	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	671,337	0	671,337	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	2,393,297	0	2,393,297	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	12,719,197	0	12,719,197	194.05
194.06 07956 RETAIL PHARMACY	0	0	5,860,613	0	5,860,613	194.06
194.07 07957 FREESTANDING RHC	0	0	2,335,999	0	2,335,999	194.07
200.00 Cross Foot Adjustments	0	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)	35,972,747	708,864	513,932,907	-38,749,212	475,183,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	62,972	0	62,972	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,580,414	2,622,100	1,497,871	8,700,385	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	113,957	0	113,957	6.00
7.00 00700	OPERATION OF PLANT	4,441	2,112,031	1,028,792	3,145,264	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	21,505	63,258	1,349	86,112	8.00
9.00 00900	HOUSEKEEPING	1,679	78,511	33,039	113,229	9.00
10.00 01000	DIETARY	30,220	135,020	159,080	324,320	10.00
11.00 01100	CAFETERIA	0	281,998	0	281,998	11.00
13.00 01300	NURSING ADMINISTRATION	5,751	28,536	107,043	141,330	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	293,581	314,777	330	608,688	14.00
15.00 01500	PHARMACY	303,076	83,541	22,754	409,371	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,466	154,426	5,679	172,571	16.00
17.00 01700	SOCIAL SERVICE	5,205	15,450	1,878	22,533	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,270	379,270	15,261	396,801	22.00
23.00 02300	PARAMED ED PRGM	0	2,775	0	2,775	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	47,997	2,424,382	1,088,610	3,560,989	30.00
31.00 03100	INTENSIVE CARE UNIT	507	158,203	109,063	267,773	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	5,579	206,137	128,680	340,396	31.01
32.00 03200	CORONARY CARE UNIT	351	69,837	64,638	134,826	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	5,773	288,711	583,222	877,706	35.00
40.00 04000	SUBPROVIDER - IPF	2,268	168,130	27,130	197,528	40.00
43.00 04300	NURSERY	0	14,608	24,143	38,751	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	568,040	733,406	1,513,205	2,814,651	50.00
51.00 05100	RECOVERY ROOM	3,013	137,982	25,696	166,691	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	194,947	194,947	52.00
53.00 05300	ANESTHESIOLOGY	0	32,466	114,682	147,148	53.00
53.01 05301	PAIN MANAGEMENT	73,704	0	52,887	126,591	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	315,951	381,114	2,408,722	3,105,787	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	104,910	40,513	926,312	1,071,735	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	157,964	41,363	38,438	237,765	55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	0	22,432	29,925	52,357	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	79,682	140,149	2,359,012	2,578,843	59.00
60.00 06000	LABORATORY	292,196	235,192	71,115	598,503	60.00
60.01 06001	ANATOMICAL PATHOLOGY	851	89,127	139,542	229,520	60.01
60.02 06003	LAB-STEM CELL	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	16,810	12,893	29,703	63.00
64.00 06400	INTRAVENOUS THERAPY	169,022	105,991	65,414	340,427	64.00
65.00 06500	RESPIRATORY THERAPY	58,427	45,803	370,745	474,975	65.00
65.01 06501	SLEEP DISORDER	4,910	16,524	20,660	42,094	65.01
66.00 06600	PHYSICAL THERAPY	1,388	63,795	3,772	68,955	66.00
67.00 06700	OCCUPATIONAL THERAPY	531	19,603	811	20,945	67.00
68.00 06800	SPEECH PATHOLOGY	1,330	28,760	20,780	50,870	68.00
69.00 06900	ELECTROCARDIOLOGY	6,230	39,502	208,702	254,434	69.00
69.01 06901	CARDIAC REHAB	1,232	46,385	19,748	67,365	69.01
69.02 06902	VASCULAR LAB	0	77,213	194,160	271,373	69.02
69.03 06903	ENDOSCOPY	392,532	149,914	229,392	771,838	69.03
69.04 06904	CLINICAL NUTRITION	0	7,322	88	7,410	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	519	21,957	34,307	56,783	70.00
70.01 07001	ECT	0	30,729	0	30,729	70.01
70.02 07002	PSYCHOTHERAPY	1,360	110,001	0	111,361	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	17,974	14,853	32,827	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	686,382	738,938	348,304	1,773,624	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00	2.00			
91.00 09100 EMERGENCY	35,269	329,045	799,411	1,163,725	3,005	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	689	0	689	7	105.00	
106.00 10600 HEART ACQUISITION	0	680	0	680	2	106.00	
107.00 10700 LIVER ACQUISITION	0	689	0	689	3	107.00	
113.00 11300 INTEREST EXPENSE						113.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,278,526	13,500,698	15,117,085	36,896,309	60,043	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,105	0	31,105	21	190.00	
191.00 19100 RESEARCH	4,370	1,208	1,299	6,877	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	148,224	498,679	145,828	792,731	188	192.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 FOUNDATION	153,739	5,711	37,970	197,420	0	194.01	
194.02 07952 POISON CONTROL	58,273	0	46,714	104,987	573	194.02	
194.03 07953 COMMUNITY EDUCATION	0	1,566	2,268	3,834	80	194.03	
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	533	194.04	
194.05 07955 MISC NONREIMBURSABLE	29,483	24,347	170,676	224,506	1,027	194.05	
194.06 07956 RETAIL PHARMACY	0	2,811	0	2,811	205	194.06	
194.07 07957 FREESTANDING RHC	130,239	0	5,557	135,796	302	194.07	
200.00 Cross Foot Adjustments				0		200.00	
201.00 Negative Cost Centers		0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	8,802,854	14,066,125	15,527,397	38,396,376	62,972	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 4:55 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,708,463				5.00
6.00	00600	MAINTENANCE & REPAIRS	53,979	167,936			6.00
7.00	00700	OPERATION OF PLANT	394,311	31,480	3,572,053		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,453	943	24,682	155,263	8.00
9.00	00900	HOUSEKEEPING	177,281	1,170	30,633	0	323,663
10.00	01000	DIETARY	49,502	2,012	52,681	0	4,848
11.00	01100	CAFETERIA	115,096	4,203	110,028	0	10,126
13.00	01300	NURSING ADMINISTRATION	157,198	425	11,134	0	1,025
14.00	01400	CENTRAL SERVICES & SUPPLY	64,135	4,692	122,817	0	11,303
15.00	01500	PHARMACY	55,716	1,245	32,596	0	3,000
16.00	01600	MEDICAL RECORDS & LIBRARY	66,150	2,302	60,253	0	5,545
17.00	01700	SOCIAL SERVICE	86,707	230	6,028	0	555
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	44,736	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	582,903	5,653	147,981	0	13,619
23.00	02300	PARAMED PRGM	11,556	41	1,083	0	100
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,092,627	36,137	945,927	79,329	87,061
31.00	03100	INTENSIVE CARE UNIT	128,859	2,358	61,726	18,073	5,681
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	108,258	3,072	80,429	474	7,402
32.00	03200	CORONARY CARE UNIT	40,866	1,041	27,248	3,664	2,508
35.00	02040	NEONATAL INTENSIVE CARE UNIT	437,686	4,303	112,647	3,532	10,367
40.00	04000	SUBPROVIDER - IPF	151,983	2,506	65,600	3,490	6,037
43.00	04300	NURSERY	13,502	218	5,700	436	525
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	412,988	10,931	286,155	3,824	26,336
51.00	05100	RECOVERY ROOM	107,084	2,057	53,837	3,101	4,955
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,069	0	0	0	0
53.00	05300	ANESTHESIOLOGY	49,041	484	12,667	0	1,166
53.01	05301	PAIN MANAGEMENT	26,389	0	0	133	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	255,126	5,680	148,700	4,138	13,686
55.00	05500	RADIOLOGY-THERAPEUTIC	145,121	604	15,807	709	1,455
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	43,547	617	16,139	1,165	1,485
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRA SOUND	23,115	334	8,752	247	806
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	107,853	2,089	54,682	3,410	5,033
60.00	06000	LABORATORY	241,888	3,506	91,765	0	8,446
60.01	06001	ANATOMICAL PATHOLOGY	76,316	1,328	34,775	0	3,200
60.02	06003	LAB-STEM CELL	35	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	111,080	251	6,559	0	604
64.00	06400	INTRAVENOUS THERAPY	70,823	1,580	41,355	574	3,806
65.00	06500	RESPIRATORY THERAPY	163,793	683	17,871	0	1,645
65.01	06501	SLEEP DISORDER	31,765	246	6,447	372	593
66.00	06600	PHYSICAL THERAPY	37,771	951	24,891	204	2,291
67.00	06700	OCCUPATIONAL THERAPY	15,580	292	7,649	0	704
68.00	06800	SPEECH PATHOLOGY	23,796	429	11,221	0	1,033
69.00	06900	ELECTROCARDIOLOGY	54,750	589	15,412	2,612	1,418
69.01	06901	CARDIAC REHAB	12,628	691	18,098	42	1,666
69.02	06902	VASCULAR LAB	14,723	1,151	30,126	54	2,773
69.03	06903	ENDOSCOPY	71,225	2,234	58,492	2,545	5,383
69.04	06904	CLINICAL NUTRITION	20,519	109	2,857	0	263
70.00	07000	ELECTROENCEPHALOGRAPHY	55,702	327	8,567	460	788
70.01	07001	ECT	5,820	458	11,990	0	1,103
70.02	07002	PSYCHOTHERAPY	21,865	1,640	42,919	0	3,950
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	454,467	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	289,482	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	635,388	0	0	0	0
74.00	07400	RENAL DIALYSIS	28,825	268	7,013	0	645
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	264,924	11,014	288,313	2,605	26,535
91.00	09100	EMERGENCY	320,514	4,904	128,384	15,858	11,816
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,058	10	269	0	25

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

Period:
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To 12/31/2013

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
106.00	10600	HEART ACQUISITION	4,584	10	265	0	24	106.00
107.00	10700	LIVER ACQUISITION	3,154	10	269	0	25	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,187,312	159,508	3,351,439	151,051	303,360	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,591	464	12,136	0	1,117	190.00
191.00	19100	RESEARCH	4,570	18	471	0	43	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,172	7,433	194,571	4,212	17,907	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	4,401	85	2,228	0	205	194.01
194.02	07952	POISON CONTROL	58,078	0	0	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	10,756	23	611	0	56	194.03
194.04	07954	BILLABLE DEPARTMENTS	40,554	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	207,326	363	9,500	0	874	194.05
194.06	07956	RETAIL PHARMACY	98,638	42	1,097	0	101	194.06
194.07	07957	FREESTANDING RHC	38,065	0	0	0	0	194.07
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)	8,708,463	167,936	3,572,053	155,263	323,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 4:55 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	433,579					10.00
11.00	01100	0	522,404				11.00
13.00	01300	0	15,954	328,538			13.00
14.00	01400	0	5,932	0	817,889		14.00
15.00	01500	0	2,864	0	1,335	506,253	15.00
16.00	01600	0	7,364	1,367	2	0	16.00
17.00	01700	0	8,591	3,563	0	90	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	6,341	0	0	0	21.00
22.00	02200	0	1,227	265	2	1	22.00
23.00	02300	0	1,023	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	244,770	119,249	118,673	19,246	701	30.00
31.00	03100	17,575	12,886	13,419	3,475	19	31.00
31.01	03101	12,955	12,068	12,054	21	42	31.01
32.00	03200	6,983	4,091	4,362	705	10	32.00
35.00	02040	86,224	46,227	41,622	3,170	115	35.00
40.00	04000	47,411	16,363	12,138	1,516	9	40.00
43.00	04300	17,661	1,023	433	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	29,250	17,544	7,263	488	50.00
51.00	05100	0	10,432	10,558	2,900	32	51.00
52.00	05200	0	8,182	9,277	0	0	52.00
53.00	05300	0	1,227	1,396	21,632	2,049	53.00
53.01	05301	0	2,045	1,424	1,146	0	53.01
54.00	05400	0	18,204	1,573	417	78	54.00
55.00	05500	0	6,341	1,163	684	0	55.00
55.01	05501	0	2,250	639	0	417	55.01
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	2,045	9	52	27	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	4,500	3,633	2	11	59.00
60.00	06000	0	11,045	0	8,815	3	60.00
60.01	06001	0	5,523	0	6,769	21	60.01
60.02	06003	0	0	0	0	0	60.02
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	9,614	4	6,661	57	63.00
64.00	06400	0	5,932	5,372	2,796	42	64.00
65.00	06500	0	12,886	234	0	40	65.00
65.01	06501	0	3,068	264	961	6	65.01
66.00	06600	0	2,045	0	23	3	66.00
67.00	06700	0	1,023	0	4	0	67.00
68.00	06800	0	2,250	0	3	0	68.00
69.00	06900	0	4,909	332	819	39	69.00
69.01	06901	0	1,227	1,321	91	0	69.01
69.02	06902	0	818	0	96	0	69.02
69.03	06903	0	6,136	4,803	5	50	69.03
69.04	06904	0	3,273	0	0	0	69.04
70.00	07000	0	4,091	1,628	165	0	70.00
70.01	07001	0	614	580	429	0	70.01
70.02	07002	0	2,045	373	11	0	70.02
71.00	07100	0	0	0	424,555	0	71.00
72.00	07200	0	0	0	267,573	0	72.00
73.00	07300	0	14,727	0	0	492,257	73.00
74.00	07400	0	818	1,005	1	5,979	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	28,227	21,393	1,606	53	90.00
91.00	09100	0	36,204	27,069	7,400	129	91.00
92.00	09200	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	52	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	13	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	24	0	0	107.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	433,579	502,154	319,579	792,351	502,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	409	0	1	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,659	308	1	5	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	13	0	0	194.01
194.02	07952	POISON CONTROL	0	4,295	3,524	0	0	194.02
194.03	07953	COMMUNITY EDUCATION	0	1,023	499	0	0	194.03
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955	MISC NONREIMBURSABLE	0	10,023	2,499	25,151	30	194.05
194.06	07956	RETAIL PHARMACY	0	1,841	0	0	0	194.06
194.07	07957	FREESTANDING RHC	0	0	2,116	385	3,450	194.07
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)	433,579	522,404	328,538	817,889	506,253	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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	316,026				16.00
17.00 01700	SOCIAL SERVICE	0	129,172			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		51,598	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED ED PRGM	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,682	75,979			30.00
31.00 03100	INTENSIVE CARE UNIT	4,747	5,451			31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT	4,239	4,043			31.01
32.00 03200	CORONARY CARE UNIT	1,451	2,157			32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	22,192	26,855			35.00
40.00 04000	SUBPROVIDER - I PF	4,678	14,687			40.00
43.00 04300	NURSERY	1,914	0			43.00
45.00 04500	NURSING FACILITY	0	0			45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	24,363	0			50.00
51.00 05100	RECOVERY ROOM	4,519	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,488	0			52.00
53.00 05300	ANESTHESIOLOGY	6,432	0			53.00
53.01 05301	PAIN MANAGEMENT	747	0			53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,992	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	8,045	0			55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC	3,355	0			55.01
56.00 05600	RADIOISOTOPE	0	0			56.00
56.01 05601	ULTRA SOUND	2,506	0			56.01
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	7,557	0			59.00
60.00 06000	LABORATORY	33,360	0			60.00
60.01 06001	ANATOMICAL PATHOLOGY	2,944	0			60.01
60.02 06003	LAB-STEM CELL	36	0			60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	3,873	0			63.00
64.00 06400	INTRAVENOUS THERAPY	1,816	0			64.00
65.00 06500	RESPIRATORY THERAPY	11,539	0			65.00
65.01 06501	SLEEP DISORDER	2,135	0			65.01
66.00 06600	PHYSICAL THERAPY	1,812	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	898	0			67.00
68.00 06800	SPEECH PATHOLOGY	1,130	0			68.00
69.00 06900	ELECTROCARDIOLOGY	7,179	0			69.00
69.01 06901	CARDIAC REHAB	145	0			69.01
69.02 06902	VASCULAR LAB	941	0			69.02
69.03 06903	ENDOSCOPY	4,938	0			69.03
69.04 06904	CLINICAL NUTRITION	61	0			69.04
70.00 07000	ELECTROENCEPHALOGRAPHY	453	0			70.00
70.01 07001	ECT	271	0			70.01
70.02 07002	PSYCHOTHERAPY	1,329	0			70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,108	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,543	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	34,809	0			73.00
74.00 07400	RENAL DIALYSIS	1,207	0			74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	7,125	0			90.00
91.00 09100	EMERGENCY	22,390	0			91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	29	0				105.00
106.00	10600 HEART ACQUISITION	22	0				106.00
107.00	10700 LIVER ACQUISITION	26	0				107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	316,026	129,172	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	19100 RESEARCH	0	0				191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01	07951 FOUNDATION	0	0				194.01
194.02	07952 POISON CONTROL	0	0				194.02
194.03	07953 COMMUNITY EDUCATION	0	0				194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0				194.04
194.05	07955 MISC NONREIMBURSABLE	0	0				194.05
194.06	07956 RETAIL PHARMACY	0	0				194.06
194.07	07957 FREESTANDING RHC	0	0				194.07
200.00	Cross Foot Adjustments			0	0	51,598	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	316,026	129,172	0	0	51,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,148,656				22.00
23.00 02300	PARAMED PRGM		16,705			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		6,429,287	0	6,429,287	30.00
31.00 03100	INTENSIVE CARE UNIT		543,601	0	543,601	31.00
31.01 03101	PEDIATRIC INTENSIVE CARE UNIT		586,533	0	586,533	31.01
32.00 03200	CORONARY CARE UNIT		230,335	0	230,335	32.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT		1,677,460	0	1,677,460	35.00
40.00 04000	SUBPROVIDER - IPF		525,378	0	525,378	40.00
43.00 04300	NURSERY		80,244	0	80,244	43.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		3,636,390	0	3,636,390	50.00
51.00 05100	RECOVERY ROOM		367,313	0	367,313	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		320,902	0	320,902	52.00
53.00 05300	ANESTHESIOLOGY		243,320	0	243,320	53.00
53.01 05301	PAIN MANAGEMENT		158,666	0	158,666	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC		3,580,972	0	3,580,972	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		1,252,409	0	1,252,409	55.00
55.01 05501	NUCLEAR MEDICINE-DIAGNOSTIC		307,591	0	307,591	55.01
56.00 05600	RADIOISOTOPE		0	0	0	56.00
56.01 05601	ULTRA SOUND		90,489	0	90,489	56.01
57.00 05700	CT SCAN		0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		2,768,115	0	2,768,115	59.00
60.00 06000	LABORATORY		998,427	0	998,427	60.00
60.01 06001	ANATOMIC PATHOLOGY		360,883	0	360,883	60.01
60.02 06003	LAB-STEM CELL		71	0	71	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		169,009	0	169,009	63.00
64.00 06400	INTRAVENOUS THERAPY		475,249	0	475,249	64.00
65.00 06500	RESPIRATORY THERAPY		684,837	0	684,837	65.00
65.01 06501	SLEEP DISORDER		88,198	0	88,198	65.01
66.00 06600	PHYSICAL THERAPY		139,154	0	139,154	66.00
67.00 06700	OCCUPATIONAL THERAPY		47,214	0	47,214	67.00
68.00 06800	SPEECH PATHOLOGY		90,954	0	90,954	68.00
69.00 06900	ELECTROCARDIOLOGY		342,958	0	342,958	69.00
69.01 06901	CARDIAC REHAB		103,399	0	103,399	69.01
69.02 06902	VASCULAR LAB		322,137	0	322,137	69.02
69.03 06903	ENDOSCOPY		928,256	0	928,256	69.03
69.04 06904	CLINICAL NUTRITION		34,738	0	34,738	69.04
70.00 07000	ELECTROENCEPHALOGRAPHY		129,436	0	129,436	70.00
70.01 07001	ECT		52,050	0	52,050	70.01
70.02 07002	PSYCHOTHERAPY		185,693	0	185,693	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		885,130	0	885,130	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		561,598	0	561,598	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		1,179,161	0	1,179,161	73.00
74.00 07400	RENAL DIALYSIS		78,680	0	78,680	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
	SERVICES-OTHER PRGM COSTS							
	22.00	23.00	24.00	25.00	26.00			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		2,428,907	0	2,428,907	90.00	
91.00	09100	EMERGENCY		1,741,398	0	1,741,398	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		7,139	0	7,139	105.00	
106.00	10600	HEART ACQUISITION		5,600	0	5,600	106.00	
107.00	10700	LIVER ACQUISITION		4,200	0	4,200	107.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	34,843,481	0	34,843,481	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		53,844	0	53,844	190.00	
191.00	19100	RESEARCH		11,979	0	11,979	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,070,187	0	1,070,187	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00	
194.01	07951	FOUNDATION		204,352	0	204,352	194.01	
194.02	07952	POISON CONTROL		171,457	0	171,457	194.02	
194.03	07953	COMMUNITY EDUCATION		16,882	0	16,882	194.03	
194.04	07954	BILLABLE DEPARTMENTS		41,087	0	41,087	194.04	
194.05	07955	MISC NONREIMBURSABLE		481,299	0	481,299	194.05	
194.06	07956	RETAIL PHARMACY		104,735	0	104,735	194.06	
194.07	07957	FREESTANDING RHC		180,114	0	180,114	194.07	
200.00		Cross Foot Adjustments	1,148,656	16,705	1,216,959	0	1,216,959	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,148,656	16,705	38,396,376	0	38,396,376	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,571,427					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		10,994,636				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,035	0	196,920,296			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	292,933	1,060,612	25,242,626	-123,246,338	390,686,569	5.00
6.00	00600	MAINTENANCE & REPAIRS	12,731	0	0	0	2,421,657	6.00
7.00	00700	OPERATION OF PLANT	235,950	728,467	3,120,088	0	17,690,052	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,067	955	228,102	0	1,949,422	8.00
9.00	00900	HOUSEKEEPING	8,771	23,394	4,219,791	0	7,953,371	9.00
10.00	01000	DIETARY	15,084	112,641	673,988	0	2,220,822	10.00
11.00	01100	CAFETERIA	31,504	0	2,977,180	0	5,163,576	11.00
13.00	01300	NURSING ADMINISTRATION	3,188	75,795	4,600,588	0	7,052,385	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,166	234	1,006,518	0	2,877,289	14.00
15.00	01500	PHARMACY	9,333	16,112	393,519	0	2,499,581	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,252	4,021	1,475,909	0	2,967,682	16.00
17.00	01700	SOCIAL SERVICE	1,726	1,330	2,735,634	0	3,889,968	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,626,648	0	2,007,010	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,371	10,806	637,426	0	26,150,893	22.00
23.00	02300	PARAMED ED PRGM	310	0	396,594	0	518,454	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	270,845	770,823	34,252,710	0	49,016,104	30.00
31.00	03100	INTENSIVE CARE UNIT	17,674	77,225	4,873,282	0	5,781,002	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	23,029	91,116	3,374,094	0	4,856,801	31.01
32.00	03200	CORONARY CARE UNIT	7,802	45,769	1,322,103	0	1,833,369	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	32,254	412,968	15,042,237	0	19,635,995	35.00
40.00	04000	SUBPROVIDER - IPF	18,783	19,210	4,476,499	0	6,818,453	40.00
43.00	04300	NURSERY	1,632	17,095	252,601	0	605,748	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	81,934	1,071,470	8,115,409	0	18,527,947	50.00
51.00	05100	RECOVERY ROOM	15,415	18,195	3,585,459	0	4,804,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	138,038	2,933,683	0	4,624,004	52.00
53.00	05300	ANESTHESIOLOGY	3,627	81,204	245,217	0	2,200,134	53.00
53.01	05301	PAIN MANAGEMENT	0	37,448	598,016	0	1,183,889	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,577	1,705,567	4,972,380	0	11,445,771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	655,903	2,326,750	0	6,510,571	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	4,621	27,217	662,013	0	1,953,638	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,506	21,189	746,224	0	1,036,997	56.01
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	15,657	1,670,369	1,569,189	0	4,838,637	59.00
60.00	06000	LABORATORY	26,275	50,355	3,424,927	0	10,851,864	60.00
60.01	06001	ANATOMICAL PATHOLOGY	9,957	98,807	1,521,757	0	3,423,757	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	1,575	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,878	9,129	1,885,342	0	4,983,417	63.00
64.00	06400	INTRAVENOUS THERAPY	11,841	46,318	2,269,170	0	3,177,362	64.00
65.00	06500	RESPIRATORY THERAPY	5,117	262,517	3,659,959	0	7,348,251	65.00
65.01	06501	SLEEP DISORDER	1,846	14,629	772,688	0	1,425,064	65.01
66.00	06600	PHYSICAL THERAPY	7,127	2,671	649,356	0	1,694,547	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,190	574	373,287	0	698,973	67.00
68.00	06800	SPEECH PATHOLOGY	3,213	14,714	693,960	0	1,067,581	68.00
69.00	06900	ELECTROCARDIOLOGY	4,413	147,778	1,454,136	0	2,456,256	69.00
69.01	06901	CARDIAC REHAB	5,182	13,983	389,358	0	566,538	69.01
69.02	06902	VASCULAR LAB	8,626	137,481	256,314	0	660,503	69.02
69.03	06903	ENDOSCOPY	16,748	162,428	1,896,604	0	3,195,396	69.03
69.04	06904	CLINICAL NUTRITION	818	62	767,630	0	920,565	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453	24,292	1,474,742	0	2,498,958	70.00
70.01	07001	ECT	3,433	0	173,644	0	261,117	70.01
70.02	07002	PSYCHOTHERAPY	12,289	0	624,391	0	980,948	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,388,837	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	12,987,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,186,358	0	28,505,539	73.00
74.00	07400	RENAL DIALYSIS	2,008	10,517	287,308	0	1,293,192	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	82,552	246,627	10,898,846	0	11,885,329	90.00
91.00 09100 EMERGENCY	36,760	566,047	9,390,240	0	14,379,286	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	77	0	21,663	0	271,767	105.00
106.00 10600 HEART ACQUISITION	76	0	5,138	0	205,666	106.00
107.00 10700 LIVER ACQUISITION	77	0	10,055	0	141,481	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,508,259	10,704,102	187,769,350	-123,246,338	367,306,202	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	0	66,107	0	385,403	190.00
191.00 19100 RESEARCH	135	920	0	0	205,041	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	55,711	103,258	587,137	0	2,250,855	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	638	26,886	0	0	197,431	194.01
194.02 07952 POISON CONTROL	0	33,077	1,792,009	0	2,605,552	194.02
194.03 07953 COMMUNITY EDUCATION	175	1,606	250,112	0	482,537	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	1,664,525	0	1,819,360	194.04
194.05 07955 MISC NONREIMBURSABLE	2,720	120,852	3,208,333	0	9,301,279	194.05
194.06 07956 RETAIL PHARMACY	314	0	640,429	0	4,425,195	194.06
194.07 07957 FREESTANDING RHC	0	3,935	942,294	0	1,707,714	194.07
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)	14,066,125	15,527,397	46,046,346		123,246,338	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.951179	1.412270	0.233832		0.315461	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			62,972		8,708,463	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000320		0.022290	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,258,728				6.00
7.00	00700	OPERATION OF PLANT	235,950	1,022,778			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,067	7,067	4,983,915		8.00
9.00	00900	HOUSEKEEPING	8,771	8,771	0	1,006,940	9.00
10.00	01000	DIETARY	15,084	15,084	0	15,084	424,810
11.00	01100	CAFETERIA	31,504	31,504	0	31,504	0
13.00	01300	NURSING ADMINISTRATION	3,188	3,188	0	3,188	0
14.00	01400	CENTRAL SERVICES & SUPPLY	35,166	35,166	0	35,166	0
15.00	01500	PHARMACY	9,333	9,333	0	9,333	0
16.00	01600	MEDICAL RECORDS & LIBRARY	17,252	17,252	0	17,252	0
17.00	01700	SOCIAL SERVICE	1,726	1,726	0	1,726	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,371	42,371	0	42,371	0
23.00	02300	PARAMED ED PRGM	310	310	0	310	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	270,845	270,845	2,546,487	270,845	239,819
31.00	03100	INTENSIVE CARE UNIT	17,674	17,674	580,121	17,674	17,220
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	23,029	23,029	15,202	23,029	12,693
32.00	03200	CORONARY CARE UNIT	7,802	7,802	117,616	7,802	6,842
35.00	02040	NEONATAL INTENSIVE CARE UNIT	32,254	32,254	113,383	32,254	84,480
40.00	04000	SUBPROVIDER - IPF	18,783	18,783	112,015	18,783	46,452
43.00	04300	NURSERY	1,632	1,632	14,003	1,632	17,304
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	81,934	81,934	122,755	81,934	0
51.00	05100	RECOVERY ROOM	15,415	15,415	99,530	15,415	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,627	3,627	0	3,627	0
53.01	05301	PAIN MANAGEMENT	0	0	4,264	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,577	42,577	132,825	42,577	0
55.00	05500	RADIOLOGY-THERAPEUTIC	4,526	4,526	22,772	4,526	0
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	4,621	4,621	37,396	4,621	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRA SOUND	2,506	2,506	7,935	2,506	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	15,657	15,657	109,455	15,657	0
60.00	06000	LABORATORY	26,275	26,275	0	26,275	0
60.01	06001	ANATOMIC PATHOLOGY	9,957	9,957	0	9,957	0
60.02	06003	LAB-STEM CELL	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,878	1,878	0	1,878	0
64.00	06400	INTRAVENOUS THERAPY	11,841	11,841	18,422	11,841	0
65.00	06500	RESPIRATORY THERAPY	5,117	5,117	0	5,117	0
65.01	06501	SLEEP DISORDER	1,846	1,846	11,954	1,846	0
66.00	06600	PHYSICAL THERAPY	7,127	7,127	6,552	7,127	0
67.00	06700	OCCUPATIONAL THERAPY	2,190	2,190	0	2,190	0
68.00	06800	SPEECH PATHOLOGY	3,213	3,213	0	3,213	0
69.00	06900	ELECTROCARDIOLOGY	4,413	4,413	83,847	4,413	0
69.01	06901	CARDIAC REHAB	5,182	5,182	1,334	5,182	0
69.02	06902	VASCULAR LAB	8,626	8,626	1,728	8,626	0
69.03	06903	ENDOSCOPY	16,748	16,748	81,705	16,748	0
69.04	06904	CLINICAL NUTRITION	818	818	0	818	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,453	2,453	14,754	2,453	0
70.01	07001	ECT	3,433	3,433	0	3,433	0
70.02	07002	PSYCHOTHERAPY	12,289	12,289	0	12,289	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,008	2,008	0	2,008	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	82,552	82,552	83,611	82,552	0
91.00	09100	EMERGENCY	36,760	36,760	509,048	36,760	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	77	77	0	77	0
106.00	10600	HEART ACQUISITION	76	76	0	76	0
107.00	10700	LIVER ACQUISITION	77	77	0	77	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,195,560	959,610	4,848,714	943,772	424,810
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	3,475	0	3,475	0
191.00	19100	RESEARCH	135	135	0	135	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,711	55,711	135,201	55,711	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	FOUNDATION	638	638	0	638	0
194.02	07952	POISON CONTROL	0	0	0	0	0
194.03	07953	COMMUNITY EDUCATION	175	175	0	175	0
194.04	07954	BILLABLE DEPARTMENTS	0	0	0	0	0
194.05	07955	MISC NONREIMBURSABLE	2,720	2,720	0	2,720	0
194.06	07956	RETAIL PHARMACY	314	314	0	314	0
194.07	07957	FREESTANDING RHC	0	0	0	0	0
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)	3,185,595	23,867,716	2,747,191	10,689,229	3,471,708
203.00		Unit cost multiplier (Wkst. B, Part I)	2.530805	23.336165	0.551211	10.615557	8.172378
204.00		Cost to be allocated (per Wkst. B, Part II)	167,936	3,572,053	155,263	323,663	433,579
205.00		Unit cost multiplier (Wkst. B, Part II)	0.133417	3.492501	0.031153	0.321432	1.020642

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,554					11.00
13.00	01300	NURSING ADMINISTRATION	78	2,567,826				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29	0	39,696,825			14.00
15.00	01500	PHARMACY	14	0	64,801	33,032,062		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36	10,682	94	0	1,728,990,781	16.00
17.00	01700	SOCIAL SERVICE	42	27,852	0	5,891	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6	2,074	107	97	0	22.00
23.00	02300	PARAMED ED PRGM	5	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	583	927,543	934,147	45,745	207,987,632	30.00
31.00	03100	INTENSIVE CARE UNIT	63	104,885	168,649	1,270	25,939,805	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	59	94,210	998	2,729	23,165,446	31.01
32.00	03200	CORONARY CARE UNIT	20	34,090	34,220	685	7,926,265	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	226	325,317	153,878	7,493	121,270,281	35.00
40.00	04000	SUBPROVIDER - IPF	80	94,869	73,587	588	25,563,692	40.00
43.00	04300	NURSERY	5	3,385	0	0	10,460,691	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	143	137,125	352,512	31,861	133,128,871	50.00
51.00	05100	RECOVERY ROOM	51	82,522	140,742	2,069	24,695,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40	72,510	0	0	24,522,315	52.00
53.00	05300	ANESTHESIOLOGY	6	10,913	1,049,938	133,704	35,148,288	53.00
53.01	05301	PAIN MANAGEMENT	10	11,126	55,601	0	4,080,871	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	89	12,296	20,228	5,060	142,030,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31	9,087	33,182	0	43,962,924	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	11	4,992	0	27,208	18,331,843	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	10	70	2,545	1,787	13,692,675	56.01
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	22	28,398	78	716	41,296,795	59.00
60.00	06000	LABORATORY	54	0	427,871	200	182,295,807	60.00
60.01	06001	ANATOMICAL PATHOLOGY	27	0	328,550	1,397	16,085,093	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	194,183	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47	35	323,288	3,724	21,162,357	63.00
64.00	06400	INTRAVENOUS THERAPY	29	41,986	135,688	2,765	9,925,919	64.00
65.00	06500	RESPIRATORY THERAPY	63	1,827	0	2,618	63,055,271	65.00
65.01	06501	SLEEP DISORDER	15	2,060	46,624	411	11,668,425	65.01
66.00	06600	PHYSICAL THERAPY	10	0	1,099	209	9,899,886	66.00
67.00	06700	OCCUPATIONAL THERAPY	5	0	180	0	4,904,672	67.00
68.00	06800	SPEECH PATHOLOGY	11	0	166	0	6,173,320	68.00
69.00	06900	ELECTROCARDIOLOGY	24	2,597	39,733	2,561	39,228,243	69.00
69.01	06901	CARDIAC REHAB	6	10,326	4,424	0	794,960	69.01
69.02	06902	VASCULAR LAB	4	1	4,677	0	5,140,409	69.02
69.03	06903	ENDOSCOPY	30	37,536	257	3,274	26,986,151	69.03
69.04	06904	CLINICAL NUTRITION	16	0	0	0	334,007	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	20	12,721	8,015	0	2,477,075	70.00
70.01	07001	ECT	3	4,533	20,840	0	1,479,590	70.01
70.02	07002	PSYCHOTHERAPY	10	2,912	538	0	7,260,747	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	20,605,748	0	33,379,357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	12,987,065	0	24,826,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72	0	0	32,118,674	190,210,634	73.00
74.00	07400	RENAL DIALYSIS	4	7,854	66	390,110	6,594,457	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	138	167,205	77,946	3,433	38,935,667	90.00
91.00	09100	EMERGENCY	177	211,571	359,189	8,396	122,349,709	91.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 12/31/2013

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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	408	0	0	160,000	105.00
106.00	10600 HEART ACQUISITION	0	100	0	0	120,000	106.00
107.00	10700 LIVER ACQUISITION	0	188	0	0	144,000	107.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,455	2,497,806	38,457,271	32,804,675	1,728,990,781	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	0	33	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	13	2,406	71	353	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	102	0	0	0	194.01
194.02	07952 POISON CONTROL	21	27,542	0	0	0	194.02
194.03	07953 COMMUNITY EDUCATION	5	3,902	14	0	0	194.03
194.04	07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05	07955 MISC NONREIMBURSABLE	49	19,530	1,220,757	1,941	0	194.05
194.06	07956 RETAIL PHARMACY	9	0	0	0	0	194.06
194.07	07957 FREESTANDING RHC	0	16,538	18,679	225,093	0	194.07
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)	7,941,829	9,635,989	5,158,083	3,680,546	4,685,308	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,109.564996	3.752586	0.129937	0.111423	0.002710	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	522,404	328,538	817,889	506,253	316,026	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	204.543461	0.127944	0.020603	0.015326	0.000183	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	10,000					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			176,470		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				176,470	22.00
23.00 02300 PARAMED ED PRGM	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,882		0	120,697	120,697	30.00
31.00 03100 INTENSIVE CARE UNIT	422		0	2,462	2,462	31.00
31.01 03101 PEDIATRIC INTENSIVE CARE UNIT	313		0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	167		0	2,462	2,462	32.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	2,079		0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	1,137		0	1,262	1,262	40.00
43.00 04300 NURSERY	0		0	0	0	43.00
45.00 04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	18,984	18,984	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	6,806	6,806	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	3,599	3,599	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	77	77	56.01
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	0	0	0	0	0	60.00
60.01 06001 ANATOMIC PATHOLOGY	0	0	0	4,681	4,681	60.01
60.02 06003 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	811	811	65.00
65.01 06501 SLEEP DISORDER	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	742	742	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	0	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	0	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,002	8,002	70.00
70.01 07001 ECT	0	0	0	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	0	0	0	70.02
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	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	3,767	3,767	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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To 12/31/2013

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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
91.00 09100 EMERGENCY	0	0	0	2,118	2,118	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	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	0	0	176,470	176,470	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	0	0	194.01
194.02 07952 POISON CONTROL	0	0	0	0	0	194.02
194.03 07953 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04 07954 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 07955 MISC NONREIMBURSABLE	0	0	0	0	0	194.05
194.06 07956 RETAIL PHARMACY	0	0	0	0	0	194.06
194.07 07957 FREESTANDING RHC	0	0	0	0	0	194.07
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)	5,415,844	0	0	2,736,540	35,972,747	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	541.584400	0.000000	0.000000	15.507112	203.846246	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	129,172	0	0	51,598	1,148,656	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	12.917200	0.000000	0.000000	0.292390	6.509072	205.00

COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0
106.00	10600	HEART ACQUISITION	0
107.00	10700	LIVER ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	193
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	FOUNDATION	0
194.02	07952	POISON CONTROL	0
194.03	07953	COMMUNITY EDUCATION	0
194.04	07954	BILLABLE DEPARTMENTS	0
194.05	07955	MISC NONREIMBURSABLE	0
194.06	07956	RETAIL PHARMACY	0
194.07	07957	FREESTANDING RHC	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	708,864
203.00		Unit cost multiplier (Wkst. B, Part I)	3,672.870466
204.00		Cost to be allocated (per Wkst. B, Part II)	16,705
205.00		Unit cost multiplier (Wkst. B, Part II)	86.554404

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

Worksheet B-2

Date/Time Prepared:
5/29/2014 4:55 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-39,925	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			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		87,248,684	0	87,248,684	30.00
31.00	03100 INTENSIVE CARE UNIT		9,690,151	5,869	9,696,020	31.00
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		8,110,924	0	8,110,924	31.01
32.00	03200 CORONARY CARE UNIT		3,193,457	0	3,193,457	32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		31,158,961	0	31,158,961	35.00
40.00	04000 SUBPROVIDER - IPF		11,395,483	18,451	11,413,934	40.00
43.00	04300 NURSERY		1,131,896	0	1,131,896	43.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		28,798,989	14,400	28,813,389	50.00
51.00	05100 RECOVERY ROOM		7,490,610	0	7,490,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,545,635	0	6,545,635	52.00
53.00	05300 ANESTHESIOLOGY		3,332,697	13,712	3,346,409	53.00
53.01	05301 PAIN MANAGEMENT		1,650,841	14,383	1,665,224	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,393,985	0	17,393,985	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,996,022	11,405	9,007,427	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC		2,864,782	0	2,864,782	55.01
56.00	05600 RADIOISOTOPE		0	0	0	56.00
56.01	05601 ULTRA SOUND		1,528,924	0	1,528,924	56.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		7,283,558	33,527	7,317,085	59.00
60.00	06000 LABORATORY		15,951,340	0	15,951,340	60.00
60.01	06001 ANATOMICAL PATHOLOGY		5,037,471	0	5,037,471	60.01
60.02	06003 LAB-STEM CELL		2,598	0	2,598	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		6,870,058	0	6,870,058	63.00
64.00	06400 INTRAVENOUS THERAPY		4,914,411	9,075	4,923,486	64.00
65.00	06500 RESPIRATORY THERAPY	0	10,226,950	1,254	10,228,204	65.00
65.01	06501 SLEEP DISORDER	0	2,040,650	3,573	2,044,223	65.01
66.00	06600 PHYSICAL THERAPY	0	2,550,824	0	2,550,824	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,028,231	0	1,028,231	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,572,536	0	1,572,536	68.00
69.00	06900 ELECTROCARDIOLOGY		3,634,454	20,624	3,655,078	69.00
69.01	06901 CARDIAC REHAB		995,182	0	995,182	69.01
69.02	06902 VASCULAR LAB		1,211,498	0	1,211,498	69.02
69.03	06903 ENDOSCOPY		5,167,139	0	5,167,139	69.03
69.04	06904 CLINICAL NUTRITION		1,291,468	0	1,291,468	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY		3,502,589	0	3,502,589	70.00
70.01	07001 ECT		501,790	0	501,790	70.01
70.02	07002 PSYCHOTHERAPY		1,800,504	0	1,800,504	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		29,588,623	0	29,588,623	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		18,838,757	0	18,838,757	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		41,816,056	0	41,816,056	73.00
74.00	07400 RENAL DIALYSIS		1,837,734	0	1,837,734	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		20,008,319	217	20,008,536	90.00
91.00	09100 EMERGENCY		22,260,587	0	22,260,587	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,852,649	0	6,852,649	92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		362,273	0	362,273	105.00
106.00	10600 HEART ACQUISITION		274,019	0	274,019	106.00
107.00	10700 LIVER ACQUISITION		190,017	0	190,017	107.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	448,144,326	146,490	448,290,816	200.00
201.00	Less Observation Beds		6,852,649	0	6,852,649	201.00
202.00	Total (see instructions)	0	441,291,677	146,490	441,438,167	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	203,847,490		203,847,490			30.00
31.00	03100	INTENSIVE CARE UNIT	25,793,866		25,793,866			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	22,975,911		22,975,911			31.01
32.00	03200	CORONARY CARE UNIT	7,827,590		7,827,590			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	120,365,091		120,365,091			35.00
40.00	04000	SUBPROVIDER - IPF	25,532,874		25,532,874			40.00
43.00	04300	NURSERY	10,460,691		10,460,691			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,504,831	68,442,685	128,947,516	0.223339	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,262,459	18,708,221	23,970,680	0.312491	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,837,195	5,685,120	24,522,315	0.266926	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,338,922	16,897,561	34,236,483	0.097343	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	863,816	3,080,336	3,944,152	0.418554	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,445,185	89,698,085	138,143,270	0.125913	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,254,920	39,839,762	42,094,682	0.213709	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,069,084	15,523,682	17,592,766	0.162839	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	4,848,811	8,469,767	13,318,578	0.114796	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,122,054	23,862,337	39,984,391	0.182160	0.000000	59.00
60.00	06000	LABORATORY	109,548,427	68,952,570	178,500,997	0.089363	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,199,786	10,349,019	15,548,805	0.323978	0.000000	60.01
60.02	06003	LAB-STEM CELL	185,533	8,650	194,183	0.013379	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,151,555	4,712,375	20,863,930	0.329279	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	982,758	8,615,654	9,598,412	0.512003	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	57,230,315	5,173,357	62,403,672	0.163884	0.000000	65.00
65.01	06501	SLEEP DISORDER	164,614	11,016,320	11,180,934	0.182512	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,927,110	2,874,446	9,801,556	0.260247	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,547,431	1,288,579	4,836,010	0.212620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,823,656	4,241,798	6,065,454	0.259261	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,685,965	21,658,096	38,344,061	0.094785	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,553	780,021	781,574	1.273305	0.000000	69.01
69.02	06902	VASCULAR LAB	2,650,135	2,377,300	5,027,435	0.240977	0.000000	69.02
69.03	06903	ENDOSCOPY	4,362,737	21,432,469	25,795,206	0.200314	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	1,691	325,985	327,676	3.941296	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,174	1,361,829	2,439,003	1.436074	0.000000	70.00
70.01	07001	ECT	656,880	807,415	1,464,295	0.342684	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	5,568	7,060,926	7,066,494	0.254795	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,809,450	7,569,907	33,379,357	0.886435	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,643,660	10,182,592	24,826,252	0.758824	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,992,168	105,218,466	190,210,634	0.219841	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,930,624	2,648,611	6,579,235	0.279323	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,714,704	36,701,998	38,416,702	0.520823	0.000000	90.00
91.00	09100	EMERGENCY	31,611,679	88,977,340	120,589,019	0.184599	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,072,631	30,072,631	0.227870	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	160,000	0	160,000			105.00
106.00	10600	HEART ACQUISITION	120,000	0	120,000			106.00
107.00	10700	LIVER ACQUISITION	144,000	0	144,000			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	983,679,963	744,615,910	1,728,295,873			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	983,679,963	744,615,910	1,728,295,873			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm
		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
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223451		50.00
51.00	05100 RECOVERY ROOM	0.312491		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.266926		52.00
53.00	05300 ANESTHESIOLOGY	0.097744		53.00
53.01	05301 PAIN MANAGEMENT	0.422201		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125913		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213980		55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.162839		55.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.114796		56.01
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	0.182999		59.00
60.00	06000 LABORATORY	0.089363		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.323978		60.01
60.02	06003 LAB-STEM CELL	0.013379		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.329279		63.00
64.00	06400 INTRAVENOUS THERAPY	0.512948		64.00
65.00	06500 RESPIRATORY THERAPY	0.163904		65.00
65.01	06501 SLEEP DISORDER	0.182831		65.01
66.00	06600 PHYSICAL THERAPY	0.260247		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212620		67.00
68.00	06800 SPEECH PATHOLOGY	0.259261		68.00
69.00	06900 ELECTROCARDIOLOGY	0.095323		69.00
69.01	06901 CARDIAC REHAB	1.273305		69.01
69.02	06902 VASCULAR LAB	0.240977		69.02
69.03	06903 ENDOSCOPY	0.200314		69.03
69.04	06904 CLINICAL NUTRITION	3.941296		69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1.436074		70.00
70.01	07001 ECT	0.342684		70.01
70.02	07002 PSYCHOTHERAPY	0.254795		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.758824		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219841		73.00
74.00	07400 RENAL DIALYSIS	0.279323		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.520829		90.00
91.00	09100 EMERGENCY	0.184599		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.227870		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
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: 260091

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

Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,248,684		87,248,684	0	87,248,684	30.00
31.00	03100	INTENSIVE CARE UNIT	9,690,151		9,690,151	5,869	9,696,020	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	8,110,924		8,110,924	0	8,110,924	31.01
32.00	03200	CORONARY CARE UNIT	3,193,457		3,193,457	0	3,193,457	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	31,158,961		31,158,961	0	31,158,961	35.00
40.00	04000	SUBPROVIDER - IPF	11,395,483		11,395,483	18,451	11,413,934	40.00
43.00	04300	NURSERY	1,131,896		1,131,896	0	1,131,896	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,798,989		28,798,989	14,400	28,813,389	50.00
51.00	05100	RECOVERY ROOM	7,490,610		7,490,610	0	7,490,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,545,635		6,545,635	0	6,545,635	52.00
53.00	05300	ANESTHESIOLOGY	3,332,697		3,332,697	13,712	3,346,409	53.00
53.01	05301	PAIN MANAGEMENT	1,650,841		1,650,841	14,383	1,665,224	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,393,985		17,393,985	0	17,393,985	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,996,022		8,996,022	11,405	9,007,427	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,864,782		2,864,782	0	2,864,782	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	05601	ULTRA SOUND	1,528,924		1,528,924	0	1,528,924	56.01
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,283,558		7,283,558	33,527	7,317,085	59.00
60.00	06000	LABORATORY	15,951,340		15,951,340	0	15,951,340	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,037,471		5,037,471	0	5,037,471	60.01
60.02	06003	LAB-STEM CELL	2,598		2,598	0	2,598	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,870,058		6,870,058	0	6,870,058	63.00
64.00	06400	INTRAVENOUS THERAPY	4,914,411		4,914,411	9,075	4,923,486	64.00
65.00	06500	RESPIRATORY THERAPY	10,226,950	0	10,226,950	1,254	10,228,204	65.00
65.01	06501	SLEEP DISORDER	2,040,650	0	2,040,650	3,573	2,044,223	65.01
66.00	06600	PHYSICAL THERAPY	2,550,824	0	2,550,824	0	2,550,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,028,231	0	1,028,231	0	1,028,231	67.00
68.00	06800	SPEECH PATHOLOGY	1,572,536	0	1,572,536	0	1,572,536	68.00
69.00	06900	ELECTROCARDIOLOGY	3,634,454		3,634,454	20,624	3,655,078	69.00
69.01	06901	CARDIAC REHAB	995,182		995,182	0	995,182	69.01
69.02	06902	VASCULAR LAB	1,211,498		1,211,498	0	1,211,498	69.02
69.03	06903	ENDOSCOPY	5,167,139		5,167,139	0	5,167,139	69.03
69.04	06904	CLINICAL NUTRITION	1,291,468		1,291,468	0	1,291,468	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	3,502,589		3,502,589	0	3,502,589	70.00
70.01	07001	ECT	501,790		501,790	0	501,790	70.01
70.02	07002	PSYCHOTHERAPY	1,800,504		1,800,504	0	1,800,504	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,588,623		29,588,623	0	29,588,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,838,757		18,838,757	0	18,838,757	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,816,056		41,816,056	0	41,816,056	73.00
74.00	07400	RENAL DIALYSIS	1,837,734		1,837,734	0	1,837,734	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	20,008,319		20,008,319	217	20,008,536	90.00
91.00	09100	EMERGENCY	22,260,587		22,260,587	0	22,260,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,852,649		6,852,649	0	6,852,649	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	362,273		362,273	0	362,273	105.00
106.00	10600	HEART ACQUISITION	274,019		274,019	0	274,019	106.00
107.00	10700	LIVER ACQUISITION	190,017		190,017	0	190,017	107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	448,144,326	0	448,144,326	146,490	448,290,816	200.00
201.00		Less Observation Beds	6,852,649		6,852,649		6,852,649	201.00
202.00		Total (see instructions)	441,291,677	0	441,291,677	146,490	441,438,167	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	203,847,490		203,847,490			30.00
31.00	03100	INTENSIVE CARE UNIT	25,793,866		25,793,866			31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	22,975,911		22,975,911			31.01
32.00	03200	CORONARY CARE UNIT	7,827,590		7,827,590			32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	120,365,091		120,365,091			35.00
40.00	04000	SUBPROVIDER - I/PF	25,532,874		25,532,874			40.00
43.00	04300	NURSERY	10,460,691		10,460,691			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,504,831	68,442,685	128,947,516	0.223339	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,262,459	18,708,221	23,970,680	0.312491	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,837,195	5,685,120	24,522,315	0.266926	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,338,922	16,897,561	34,236,483	0.097343	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	863,816	3,080,336	3,944,152	0.418554	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,445,185	89,698,085	138,143,270	0.125913	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,254,920	39,839,762	42,094,682	0.213709	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	2,069,084	15,523,682	17,592,766	0.162839	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	ULTRA SOUND	4,848,811	8,469,767	13,318,578	0.114796	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,122,054	23,862,337	39,984,391	0.182160	0.000000	59.00
60.00	06000	LABORATORY	109,548,427	68,952,570	178,500,997	0.089363	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	5,199,786	10,349,019	15,548,805	0.323978	0.000000	60.01
60.02	06003	LAB-STEM CELL	185,533	8,650	194,183	0.013379	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,151,555	4,712,375	20,863,930	0.329279	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	982,758	8,615,654	9,598,412	0.512003	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	57,230,315	5,173,357	62,403,672	0.163884	0.000000	65.00
65.01	06501	SLEEP DISORDER	164,614	11,016,320	11,180,934	0.182512	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,927,110	2,874,446	9,801,556	0.260247	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,547,431	1,288,579	4,836,010	0.212620	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,823,656	4,241,798	6,065,454	0.259261	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	16,685,965	21,658,096	38,344,061	0.094785	0.000000	69.00
69.01	06901	CARDIAC REHAB	1,553	780,021	781,574	1.273305	0.000000	69.01
69.02	06902	VASCULAR LAB	2,650,135	2,377,300	5,027,435	0.240977	0.000000	69.02
69.03	06903	ENDOSCOPY	4,362,737	21,432,469	25,795,206	0.200314	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	1,691	325,985	327,676	3.941296	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1,077,174	1,361,829	2,439,003	1.436074	0.000000	70.00
70.01	07001	ECT	656,880	807,415	1,464,295	0.342684	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	5,568	7,060,926	7,066,494	0.254795	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,809,450	7,569,907	33,379,357	0.886435	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,643,660	10,182,592	24,826,252	0.758824	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,992,168	105,218,466	190,210,634	0.219841	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,930,624	2,648,611	6,579,235	0.279323	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,714,704	36,701,998	38,416,702	0.520823	0.000000	90.00
91.00	09100	EMERGENCY	31,611,679	88,977,340	120,589,019	0.184599	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,072,631	30,072,631	0.227870	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	160,000	0	160,000			105.00
106.00	10600	HEART ACQUISITION	120,000	0	120,000			106.00
107.00	10700	LIVER ACQUISITION	144,000	0	144,000			107.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	983,679,963	744,615,910	1,728,295,873			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	983,679,963	744,615,910	1,728,295,873			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 4:55 pm
		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
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
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
53.01	05301	PAIN MANAGEMENT	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	55.01
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	05601	ULTRA SOUND	0.000000	56.01
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	ANATOMIC PATHOLOGY	0.000000	60.01
60.02	06003	LAB-STEM CELL	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	06501	SLEEP DISORDER	0.000000	65.01
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
69.01	06901	CARDIAC REHAB	0.000000	69.01
69.02	06902	VASCULAR LAB	0.000000	69.02
69.03	06903	ENDOSCOPY	0.000000	69.03
69.04	06904	CLINICAL NUTRITION	0.000000	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	07001	ECT	0.000000	70.01
70.02	07002	PSYCHOTHERAPY	0.000000	70.02
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
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
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
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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 4:55 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		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	6,429,287	0	6,429,287	89,023	72.22	30.00	
31.00	INTENSIVE CARE UNIT	543,601		543,601	5,909	92.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	586,533		586,533	4,398	133.36	31.01	
32.00	CORONARY CARE UNIT	230,335		230,335	2,366	97.35	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	1,677,460		1,677,460	29,055	57.73	35.00	
40.00	SUBPROVIDER - IPF	525,378	0	525,378	16,044	32.75	40.00	
43.00	NURSERY	80,244		80,244	5,870	13.67	43.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	10,072,838		10,072,838	152,665		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	20,217	1,460,072				30.00	
31.00	INTENSIVE CARE UNIT	2,987	274,804				31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	93	12,402				31.01	
32.00	CORONARY CARE UNIT	785	76,420				32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00	
40.00	SUBPROVIDER - IPF	6,870	224,993				40.00	
43.00	NURSERY	0	0				43.00	
45.00	NURSING FACILITY	0	0				45.00	
200.00	Total (Lines 30-199)	30,952	2,048,691				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 4:55 pm	
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	3,636,390	128,947,516	0.028201	12,779,645	360,399	50.00
51.00	05100	RECOVERY ROOM	367,313	23,970,680	0.015323	996,688	15,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	320,902	24,522,315	0.013086	123,013	1,610	52.00
53.00	05300	ANESTHESIOLOGY	243,320	34,236,483	0.007107	2,558,670	18,184	53.00
53.01	05301	PAIN MANAGEMENT	158,666	3,944,152	0.040228	173,014	6,960	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,580,972	138,143,270	0.025922	14,849,057	384,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,252,409	42,094,682	0.029752	284,762	8,472	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	307,591	17,592,766	0.017484	973,454	17,020	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	90,489	13,318,578	0.006794	878,862	5,971	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,768,115	39,984,391	0.069230	4,688,333	324,573	59.00
60.00	06000	LABORATORY	998,427	178,500,997	0.005593	23,823,610	133,245	60.00
60.01	06001	ANATOMICAL PATHOLOGY	360,883	15,548,805	0.023210	716,215	16,623	60.01
60.02	06003	LAB-STEM CELL	71	194,183	0.000366	7,422	3	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	169,009	20,863,930	0.008101	3,016,397	24,436	63.00
64.00	06400	INTRAVENOUS THERAPY	475,249	9,598,412	0.049513	462,986	22,924	64.00
65.00	06500	RESPIRATORY THERAPY	684,837	62,403,672	0.010974	9,394,002	103,090	65.00
65.01	06501	SLEEP DISORDER	88,198	11,180,934	0.007888	25	0	65.01
66.00	06600	PHYSICAL THERAPY	139,154	9,801,556	0.014197	2,111,375	29,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,214	4,836,010	0.009763	678,820	6,627	67.00
68.00	06800	SPEECH PATHOLOGY	90,954	6,065,454	0.014995	328,395	4,924	68.00
69.00	06900	ELECTROCARDIOLOGY	342,958	38,344,061	0.008944	3,696,878	33,065	69.00
69.01	06901	CARDIAC REHAB	103,399	781,574	0.132296	568	75	69.01
69.02	06902	VASCULAR LAB	322,137	5,027,435	0.064076	1,482,689	95,005	69.02
69.03	06903	ENDOSCOPY	928,256	25,795,206	0.035986	2,003,068	72,082	69.03
69.04	06904	CLINICAL NUTRITION	34,738	327,676	0.106013	91	10	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	129,436	2,439,003	0.053069	172,235	9,140	70.00
70.01	07001	ECT	52,050	1,464,295	0.035546	16,905	601	70.01
70.02	07002	PSYCHOTHERAPY	185,693	7,066,494	0.026278	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	885,130	33,379,357	0.026517	6,036,769	160,077	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	561,598	24,826,252	0.022621	4,267,829	96,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,179,161	190,210,634	0.006199	20,351,684	126,160	73.00
74.00	07400	RENAL DIALYSIS	78,680	6,579,235	0.011959	2,316,383	27,702	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,428,907	38,416,702	0.063225	0	0	90.00
91.00	09100	EMERGENCY	1,741,398	120,589,019	0.014441	8,634,258	124,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	504,965	30,072,631	0.016792	0	0	92.00
200.00		Total (Lines 50-199)	25,258,669	1,311,068,360		127,824,102	2,230,372	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	356,267	0	0	356,267	30.00
31.00	03100	INTENSIVE CARE UNIT	0	69,785	0	0	69,785	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	69,785	0	0	69,785	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	69,785	0	0	69,785	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	565,622	0	0	565,622	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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,023	4.00	20,217	80,868		30.00
31.00	03100	INTENSIVE CARE UNIT	5,909	11.81	2,987	35,276		31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT	4,398	0.00	93	0		31.01
32.00	03200	CORONARY CARE UNIT	2,366	29.49	785	23,150		32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	29,055	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	16,044	0.00	6,870	0		40.00
43.00	04300	NURSERY	5,870	11.89	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	152,665		30,952	139,294		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ECT	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	143,242	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	27,979	0	92.00
200.00		Total (lines 50-199)	0	0	171,221	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm
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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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	128,947,516	0.000000	0.000000	12,779,645	50.00
51.00	05100 RECOVERY ROOM	0	23,970,680	0.000000	0.000000	996,688	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,522,315	0.000000	0.000000	123,013	52.00
53.00	05300 ANESTHESIOLOGY	0	34,236,483	0.000000	0.000000	2,558,670	53.00
53.01	05301 PAIN MANAGEMENT	0	3,944,152	0.000000	0.000000	173,014	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	138,143,270	0.000000	0.000000	14,849,057	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	42,094,682	0.000000	0.000000	284,762	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	17,592,766	0.000000	0.000000	973,454	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	13,318,578	0.000000	0.000000	878,862	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	39,984,391	0.000000	0.000000	4,688,333	59.00
60.00	06000 LABORATORY	0	178,500,997	0.000000	0.000000	23,823,610	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	15,548,805	0.000000	0.000000	716,215	60.01
60.02	06003 LAB-STEM CELL	0	194,183	0.000000	0.000000	7,422	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	20,863,930	0.000000	0.000000	3,016,397	63.00
64.00	06400 INTRAVENOUS THERAPY	0	9,598,412	0.000000	0.000000	462,986	64.00
65.00	06500 RESPIRATORY THERAPY	0	62,403,672	0.000000	0.000000	9,394,002	65.00
65.01	06501 SLEEP DISORDER	0	11,180,934	0.000000	0.000000	25	65.01
66.00	06600 PHYSICAL THERAPY	0	9,801,556	0.000000	0.000000	2,111,375	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,836,010	0.000000	0.000000	678,820	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,065,454	0.000000	0.000000	328,395	68.00
69.00	06900 ELECTROCARDIOLOGY	0	38,344,061	0.000000	0.000000	3,696,878	69.00
69.01	06901 CARDIAC REHAB	0	781,574	0.000000	0.000000	568	69.01
69.02	06902 VASCULAR LAB	0	5,027,435	0.000000	0.000000	1,482,689	69.02
69.03	06903 ENDOSCOPY	0	25,795,206	0.000000	0.000000	2,003,068	69.03
69.04	06904 CLINICAL NUTRITION	0	327,676	0.000000	0.000000	91	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,439,003	0.000000	0.000000	172,235	70.00
70.01	07001 ECT	0	1,464,295	0.000000	0.000000	16,905	70.01
70.02	07002 PSYCHOTHERAPY	0	7,066,494	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,379,357	0.000000	0.000000	6,036,769	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	24,826,252	0.000000	0.000000	4,267,829	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	190,210,634	0.000000	0.000000	20,351,684	73.00
74.00	07400 RENAL DIALYSIS	0	6,579,235	0.000000	0.000000	2,316,383	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	143,242	38,416,702	0.003729	0.003729	0	90.00
91.00	09100 EMERGENCY	0	120,589,019	0.000000	0.000000	8,634,258	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	27,979	30,072,631	0.000930	0.000930	0	92.00
200.00	Total (Lines 50-199)	171,221	1,311,068,360			127,824,102	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm
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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)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	9,222,379	0		50.00
51.00	05100 RECOVERY ROOM	0	2,819,877	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	31,500	0		52.00
53.00	05300 ANESTHESIOLOGY	0	2,007,000	0		53.00
53.01	05301 PAIN MANAGEMENT	0	15,949	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,352,415	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,957,956	0		55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	3,148,155	0		55.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	05601 ULTRA SOUND	0	1,200,347	0		56.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,944,157	0		59.00
60.00	06000 LABORATORY	0	435,975	0		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	1,120,884	0		60.01
60.02	06003 LAB-STEM CELL	0	0	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	302,132	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,337,534	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,505,889	0		65.00
65.01	06501 SLEEP DISORDER	0	602,659	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,051,156	0		69.00
69.01	06901 CARDIAC REHAB	0	348,785	0		69.01
69.02	06902 VASCULAR LAB	0	1,389,337	0		69.02
69.03	06903 ENDOSCOPY	0	4,667,049	0		69.03
69.04	06904 CLINICAL NUTRITION	0	0	0		69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	144,852	0		70.00
70.01	07001 ECT	0	2,415	0		70.01
70.02	07002 PSYCHOTHERAPY	0	2,964	0		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,710,930	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,652,649	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,494,692	0		73.00
74.00	07400 RENAL DIALYSIS	0	253,443	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	3,311,548	12,349		90.00
91.00	09100 EMERGENCY	0	7,990,353	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,526,872	5,140		92.00
200.00	Total (Lines 50-199)	0	119,551,853	17,489		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.223339	9,222,379	21	786	2,059,717
51.00 05100 RECOVERY ROOM	0.312491	2,819,877	0	0	881,186
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.266926	31,500	0	0	8,408
53.00 05300 ANESTHESIOLOGY	0.097343	2,007,000	0	0	195,367
53.01 05301 PAIN MANAGEMENT	0.418554	15,949	0	0	6,676
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.125913	22,352,415	307	525	2,814,460
55.00 05500 RADIOLOGY-THERAPEUTIC	0.213709	9,957,956	0	0	2,128,105
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	3,148,155	0	1	512,642
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRA SOUND	0.114796	1,200,347	0	0	137,795
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.182160	4,944,157	0	0	900,628
60.00 06000 LABORATORY	0.089363	435,975	36,248	0	38,960
60.01 06001 ANATOMICAL PATHOLOGY	0.323978	1,120,884	67	0	363,142
60.02 06003 LAB-STEM CELL	0.013379	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.329279	302,132	79,786	0	99,486
64.00 06400 INTRAVENOUS THERAPY	0.512003	3,337,534	0	0	1,708,827
65.00 06500 RESPIRATORY THERAPY	0.163884	2,505,889	698	19,947	410,675
65.01 06501 SLEEP DISORDER	0.182512	602,659	0	0	109,992
66.00 06600 PHYSICAL THERAPY	0.260247	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.212620	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.259261	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.094785	3,051,156	0	0	289,204
69.01 06901 CARDIAC REHAB	1.273305	348,785	0	0	444,110
69.02 06902 VASCULAR LAB	0.240977	1,389,337	0	0	334,798
69.03 06903 ENDOSCOPY	0.200314	4,667,049	0	0	934,875
69.04 06904 CLINICAL NUTRITION	3.941296	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	1.436074	144,852	0	0	208,018
70.01 07001 ECT	0.342684	2,415	0	0	828
70.02 07002 PSYCHOTHERAPY	0.254795	2,964	0	0	755
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	2,710,930	0	0	2,403,063
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.758824	2,652,649	0	0	2,012,894
73.00 07300 DRUGS CHARGED TO PATIENTS	0.219841	23,494,692	5,324	241,974	5,165,097
74.00 07400 RENAL DIALYSIS	0.279323	253,443	0	0	70,792
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.520823	3,311,548	0	5,058	1,724,730
91.00 09100 EMERGENCY	0.184599	7,990,353	0	0	1,475,011
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	5,526,872	0	0	1,259,408
200.00		Subtotal (see instructions)	119,551,853	122,451	268,291
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 +/- line 201)	119,551,853	122,451	268,291

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
	Title XVIII	Hospital	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	5	176		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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	39	66		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
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	3,239	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	22	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	26,272	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	114	3,269		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
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
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	1,170	53,196		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	2,634		90.00
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)	30,861	59,341		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	30,861	59,341		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 4:55 pm		
		Title VIII		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	3,636,390	128,947,516	0.028201	0	0	50.00
51.00	05100	RECOVERY ROOM	367,313	23,970,680	0.015323	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	320,902	24,522,315	0.013086	0	0	52.00
53.00	05300	ANESTHESIOLOGY	243,320	34,236,483	0.007107	72,155	513	53.00
53.01	05301	PAIN MANAGEMENT	158,666	3,944,152	0.040228	1,346	54	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,580,972	138,143,270	0.025922	156,185	4,049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,252,409	42,094,682	0.029752	6	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	307,591	17,592,766	0.017484	7,884	138	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRA SOUND	90,489	13,318,578	0.006794	10,276	70	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,768,115	39,984,391	0.069230	7,267	503	59.00
60.00	06000	LABORATORY	998,427	178,500,997	0.005593	842,816	4,714	60.00
60.01	06001	ANATOMIC PATHOLOGY	360,883	15,548,805	0.023210	2,272	53	60.01
60.02	06003	LAB-STEM CELL	71	194,183	0.000366	38	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	169,009	20,863,930	0.008101	5,980	48	63.00
64.00	06400	INTRAVENOUS THERAPY	475,249	9,598,412	0.049513	1,295	64	64.00
65.00	06500	RESPIRATORY THERAPY	684,837	62,403,672	0.010974	113,286	1,243	65.00
65.01	06501	SLEEP DISORDER	88,198	11,180,934	0.007888	3,954	31	65.01
66.00	06600	PHYSICAL THERAPY	139,154	9,801,556	0.014197	117,147	1,663	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,214	4,836,010	0.009763	5,797	57	67.00
68.00	06800	SPEECH PATHOLOGY	90,954	6,065,454	0.014995	5,246	79	68.00
69.00	06900	ELECTROCARDIOLOGY	342,958	38,344,061	0.008944	40,157	359	69.00
69.01	06901	CARDIAC REHAB	103,399	781,574	0.132296	40	5	69.01
69.02	06902	VASCULAR LAB	322,137	5,027,435	0.064076	6,435	412	69.02
69.03	06903	ENDOSCOPY	928,256	25,795,206	0.035986	8,779	316	69.03
69.04	06904	CLINICAL NUTRITION	34,738	327,676	0.106013	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	129,436	2,439,003	0.053069	950	50	70.00
70.01	07001	ECT	52,050	1,464,295	0.035546	268,065	9,529	70.01
70.02	07002	PSYCHOTHERAPY	185,693	7,066,494	0.026278	4,644	122	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	885,130	33,379,357	0.026517	8,741	232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	561,598	24,826,252	0.022621	9,730	220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,179,161	190,210,634	0.006199	1,587,009	9,838	73.00
74.00	07400	RENAL DIALYSIS	78,680	6,579,235	0.011959	53,316	638	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,428,907	38,416,702	0.063225	0	0	90.00
91.00	09100	EMERGENCY	1,741,398	120,589,019	0.014441	649,669	9,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,072,631	0.000000	0	0	92.00
200.00		Total (lines 50-199)	24,753,704	1,311,068,360		3,990,485	44,382	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm
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	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
60.02	06003	LAB-STEM CELL	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	ECT	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	143,242	0	143,242 90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	143,242	0	143,242 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm		
				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	0	128,947,516	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	23,970,680	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,522,315	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	34,236,483	0.000000	0.000000	72,155	53.00
53.01	05301	PAIN MANAGEMENT	0	3,944,152	0.000000	0.000000	1,346	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,143,270	0.000000	0.000000	156,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	42,094,682	0.000000	0.000000	6	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0	17,592,766	0.000000	0.000000	7,884	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0	13,318,578	0.000000	0.000000	10,276	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,984,391	0.000000	0.000000	7,267	59.00
60.00	06000	LABORATORY	0	178,500,997	0.000000	0.000000	842,816	60.00
60.01	06001	ANATOMIC PATHOLOGY	0	15,548,805	0.000000	0.000000	2,272	60.01
60.02	06003	LAB-STEM CELL	0	194,183	0.000000	0.000000	38	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	20,863,930	0.000000	0.000000	5,980	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,598,412	0.000000	0.000000	1,295	64.00
65.00	06500	RESPIRATORY THERAPY	0	62,403,672	0.000000	0.000000	113,286	65.00
65.01	06501	SLEEP DISORDER	0	11,180,934	0.000000	0.000000	3,954	65.01
66.00	06600	PHYSICAL THERAPY	0	9,801,556	0.000000	0.000000	117,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,836,010	0.000000	0.000000	5,797	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,065,454	0.000000	0.000000	5,246	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,344,061	0.000000	0.000000	40,157	69.00
69.01	06901	CARDIAC REHAB	0	781,574	0.000000	0.000000	40	69.01
69.02	06902	VASCULAR LAB	0	5,027,435	0.000000	0.000000	6,435	69.02
69.03	06903	ENDOSCOPY	0	25,795,206	0.000000	0.000000	8,779	69.03
69.04	06904	CLINICAL NUTRITION	0	327,676	0.000000	0.000000	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,439,003	0.000000	0.000000	950	70.00
70.01	07001	ECT	0	1,464,295	0.000000	0.000000	268,065	70.01
70.02	07002	PSYCHOTHERAPY	0	7,066,494	0.000000	0.000000	4,644	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,379,357	0.000000	0.000000	8,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	24,826,252	0.000000	0.000000	9,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	190,210,634	0.000000	0.000000	1,587,009	73.00
74.00	07400	RENAL DIALYSIS	0	6,579,235	0.000000	0.000000	53,316	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	143,242	38,416,702	0.003729	0.003729	0	90.00
91.00	09100	EMERGENCY	0	120,589,019	0.000000	0.000000	649,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	30,072,631	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	143,242	1,311,068,360			3,990,485	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 4:55 pm
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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	513	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	101,032	0	53.00
53.01	05301 PAIN MANAGEMENT	0	787	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,292	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	1	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	14	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,979	0	59.00
60.00	06000 LABORATORY	0	13	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	759	0	60.01
60.02	06003 LAB-STEM CELL	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	28	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	649	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,062	0	65.00
65.01	06501 SLEEP DISORDER	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,329	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
69.02	06902 VASCULAR LAB	0	129	0	69.02
69.03	06903 ENDOSCOPY	0	11,510	0	69.03
69.04	06904 CLINICAL NUTRITION	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 ECT	0	408,135	0	70.01
70.02	07002 PSYCHOTHERAPY	0	6,153,346	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	44,258	0	73.00
74.00	07400 RENAL DIALYSIS	0	2	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	590	2	90.00
91.00	09100 EMERGENCY	0	2,434	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	272	0	92.00
200.00	Total (lines 50-199)	0	6,743,144	2	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm			
		Component CCN: 26S091	Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.223339	513	0	4	115	50.00
51.00	05100 RECOVERY ROOM	0.312491	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.266926	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097343	101,032	0	0	9,835	53.00
53.01	05301 PAIN MANAGEMENT	0.418554	787	0	0	329	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125913	5,292	0	3	666	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213709	0	0	0	0	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	1	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.114796	14	0	0	2	56.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.182160	5,979	0	0	1,089	59.00
60.00	06000 LABORATORY	0.089363	13	0	0	1	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.323978	759	0	0	246	60.01
60.02	06003 LAB-STEM CELL	0.013379	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.329279	28	0	0	9	63.00
64.00	06400 INTRAVENOUS THERAPY	0.512003	649	0	0	332	64.00
65.00	06500 RESPIRATORY THERAPY	0.163884	2,062	0	96	338	65.00
65.01	06501 SLEEP DISORDER	0.182512	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.260247	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212620	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.259261	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094785	5,329	0	0	505	69.00
69.01	06901 CARDIAC REHAB	1.273305	0	0	0	0	69.01
69.02	06902 VASCULAR LAB	0.240977	129	0	0	31	69.02
69.03	06903 ENDOSCOPY	0.200314	11,510	0	0	2,306	69.03
69.04	06904 CLINICAL NUTRITION	3.941296	0	0	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1.436074	0	0	0	0	70.00
70.01	07001 ECT	0.342684	408,135	0	0	139,861	70.01
70.02	07002 PSYCHOTHERAPY	0.254795	6,153,346	0	0	1,567,842	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	10	0	0	9	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.758824	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219841	44,258	0	1,109	9,730	73.00
74.00	07400 RENAL DIALYSIS	0.279323	2	0	0	1	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.520823	590	0	24	307	90.00
91.00	09100 EMERGENCY	0.184599	2,434	0	0	449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	272	0	0	62	92.00
200.00	Subtotal (see instructions)		6,743,144	0	1,236	1,734,065	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		6,743,144	0	1,236	1,734,065	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
	Title XVII I	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	1		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
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
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 ANATOMICAL PATHOLOGY	0	0		60.01
60.02 06003 LAB-STEM CELL	0	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	16		65.00
65.01 06501 SLEEP DISORDER	0	0		65.01
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
69.01 06901 CARDIAC REHAB	0	0		69.01
69.02 06902 VASCULAR LAB	0	0		69.02
69.03 06903 ENDOSCOPY	0	0		69.03
69.04 06904 CLINICAL NUTRITION	0	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 ECT	0	0		70.01
70.02 07002 PSYCHOTHERAPY	0	0		70.02
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	244		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	12		90.00
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	273		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	273		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.223339	0	3,632,241	0	0
51.00 05100 RECOVERY ROOM	0.312491	0	1,126,512	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.266926	0	541,800	0	0
53.00 05300 ANESTHESIOLOGY	0.097343	0	1,001,015	0	0
53.01 05301 PAIN MANAGEMENT	0.418554	0	66,688	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.125913	0	7,008,714	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.213709	0	2,329,259	0	0
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	0	665,315	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRASOUND	0.114796	0	1,148,942	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.182160	0	1,734,183	0	0
60.00 06000 LABORATORY	0.089363	0	8,078,307	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.323978	0	439,962	0	0
60.02 06003 LAB-STEM CELL	0.013379	0	2,858	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.329279	0	319,346	0	0
64.00 06400 INTRAVENOUS THERAPY	0.512003	0	875,685	0	0
65.00 06500 RESPIRATORY THERAPY	0.163884	0	522,548	0	0
65.01 06501 SLEEP DISORDER	0.182512	0	545,004	0	0
66.00 06600 PHYSICAL THERAPY	0.260247	0	113,211	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.212620	0	41,173	0	0
68.00 06800 SPEECH PATHOLOGY	0.259261	0	65,878	0	0
69.00 06900 ELECTROCARDIOLOGY	0.094785	0	1,254,903	0	0
69.01 06901 CARDIAC REHAB	1.273305	0	55,965	0	0
69.02 06902 VASCULAR LAB	0.240977	0	473,658	0	0
69.03 06903 ENDOSCOPY	0.200314	0	1,007,042	0	0
69.04 06904 CLINICAL NUTRITION	3.941296	0	27,152	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	1.436074	0	133,058	0	0
70.01 07001 ECT	0.342684	0	102,235	0	0
70.02 07002 PSYCHOTHERAPY	0.254795	0	20,624	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	0	530,665	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.758824	0	955,942	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.219841	0	8,372,172	0	0
74.00 07400 RENAL DIALYSIS	0.279323	0	94,103	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.520823	0	3,682,138	0	0
91.00 09100 EMERGENCY	0.184599	0	9,136,419	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	1,673,006	0	0
200.00	Subtotal (see instructions)	0	57,777,723	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	57,777,723	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	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	811,221	0		50.00
51.00 05100 RECOVERY ROOM	352,025	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	144,621	0		52.00
53.00 05300 ANESTHESIOLOGY	97,442	0		53.00
53.01 05301 PAIN MANAGEMENT	27,913	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	882,488	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	497,784	0		55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	108,339	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	131,894	0		56.01
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	315,899	0		59.00
60.00 06000 LABORATORY	721,902	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	142,538	0		60.01
60.02 06003 LAB-STEM CELL	38	0		60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	105,154	0		63.00
64.00 06400 INTRAVENOUS THERAPY	448,353	0		64.00
65.00 06500 RESPIRATORY THERAPY	85,637	0		65.00
65.01 06501 SLEEP DISORDER	99,470	0		65.01
66.00 06600 PHYSICAL THERAPY	29,463	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	8,754	0		67.00
68.00 06800 SPEECH PATHOLOGY	17,080	0		68.00
69.00 06900 ELECTROCARDIOLOGY	118,946	0		69.00
69.01 06901 CARDIAC REHAB	71,261	0		69.01
69.02 06902 VASCULAR LAB	114,141	0		69.02
69.03 06903 ENDOSCOPY	201,725	0		69.03
69.04 06904 CLINICAL NUTRITION	107,014	0		69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	191,081	0		70.00
70.01 07001 ECT	35,034	0		70.01
70.02 07002 PSYCHOTHERAPY	5,255	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	470,400	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	725,392	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,840,547	0		73.00
74.00 07400 RENAL DIALYSIS	26,285	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	1,917,742	0		90.00
91.00 09100 EMERGENCY	1,686,574	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	381,228	0		92.00
200.00	Subtotal (see instructions)	12,920,640	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	12,920,640	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
		Component CCN: 26S091	Title XIX	Subprovider - IPF
				Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.223339	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.312491	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266926	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.097343	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.418554	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125913	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213709	0	0	0	0	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0.114796	0	0	0	0	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182160	0	0	0	0	59.00
60.00	06000	LABORATORY	0.089363	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.323978	0	0	0	0	60.01
60.02	06002	LAB-STEM CELL	0.013379	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329279	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.512003	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.163884	0	0	0	0	65.00
65.01	06501	SLEEP DISORDER	0.182512	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.260247	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212620	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.259261	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094785	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	1.273305	0	0	0	0	69.01
69.02	06902	VASCULAR LAB	0.240977	0	0	0	0	69.02
69.03	06903	ENDOSCOPY	0.200314	0	0	0	0	69.03
69.04	06904	CLINICAL NUTRITION	3.941296	0	0	0	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.436074	0	0	0	0	70.00
70.01	07001	ECT	0.342684	0	0	0	0	70.01
70.02	07002	PSYCHOTHERAPY	0.254795	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.758824	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219841	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.279323	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.520823	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.184599	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 4:55 pm
	Title XIX	Subprovider - IPF	Cost

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
53.01 05301 PAIN MANAGEMENT	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	56.01
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 ANATOMICAL PATHOLOGY	0	0	60.01
60.02 06003 LAB-STEM CELL	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP DISORDER	0	0	65.01
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
69.01 06901 CARDIAC REHAB	0	0	69.01
69.02 06902 VASCULAR LAB	0	0	69.02
69.03 06903 ENDOSCOPY	0	0	69.03
69.04 06904 CLINICAL NUTRITION	0	0	69.04
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 ECT	0	0	70.01
70.02 07002 PSYCHOTHERAPY	0	0	70.02
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
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 4:55 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,023	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,023	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.		70,694	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		11,337	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)		20,217	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)		87,248,684	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)		87,248,684	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		203,847,490	28.00
29.00	Private room charges (excluding swing-bed charges)		175,675,187	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,172,303	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.428010	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,485.01	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,484.99	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.02	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		707	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		87,247,977	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)		980.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,814,075	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)		19,814,075	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		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	9,696,020	5,909	1,640.89	2,987	4,901,338	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	8,110,924	4,398	1,844.23	93	171,513	43.01
44.00	CORONARY CARE UNIT	3,193,457	2,366	1,349.73	785	1,059,538	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,158,961	29,055	1,072.41	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,151,440	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,097,904	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)					1,962,992	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,230,372	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,193,364	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					50,904,540	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)					6,992	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					980.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,852,649	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 4:55 pm	
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	6,429,287	87,248,684	0.073689	6,852,649	504,965	90.00
91.00	Nursing School cost	0	87,248,684	0.000000	6,852,649	0	91.00
92.00	Allied health cost	356,267	87,248,684	0.004083	6,852,649	27,979	92.00
93.00	All other Medical Education	0	87,248,684	0.000000	6,852,649	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 26S091		Date/Time Prepared: 5/29/2014 4:55 pm
		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)		16,044	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,044	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.		1,276	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,768	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)		6,870	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)		11,413,934	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)		11,413,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		25,532,874	28.00
29.00	Private room charges (excluding swing-bed charges)		2,030,865	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,502,009	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.447029	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,591.59	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,591.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.18	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		102	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,413,832	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)		711.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,887,387	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)		4,887,387	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/29/2014 4:55 pm	
		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
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
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							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					762,579		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,649,966		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)					224,993		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,382		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					269,375		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,380,591		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		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)					0		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		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		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)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		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)					0		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: 260091 Component CCN: 26S091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 4:55 pm	
		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	525,378	11,413,934	0.046030	0	0	90.00
91.00	Nursing School cost	0	11,413,934	0.000000	0	0	91.00
92.00	Allied health cost	0	11,413,934	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,413,934	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2014 4:55 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,023	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,023	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.		70,694	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		11,337	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)		11,112	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)		5,870	15.00
16.00	Nursery days (title V or XIX only)		651	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)		87,248,684	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)		87,248,684	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		203,847,490	28.00
29.00	Private room charges (excluding swing-bed charges)		175,675,187	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,172,303	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.428010	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,485.01	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,484.99	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.02	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		707	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		87,247,977	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)		980.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,890,427	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)		10,890,427	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		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)	1,131,896	5,870	192.83	651	125,532	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,690,151	5,909	1,639.90	851	1,395,555	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	8,110,924	4,398	1,844.23	351	647,325	43.01
44.00	CORONARY CARE UNIT	3,193,457	2,366	1,349.73	232	313,137	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	31,158,961	29,055	1,072.41	2,850	3,056,369	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,610,680	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,039,025	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)					6,992	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					980.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,852,649	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 4:55 pm	
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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		44,582,283	30.00
31.00	03100	INTENSIVE CARE UNIT		12,038,354	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		341,939	31.01
32.00	03200	CORONARY CARE UNIT		2,249,151	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223451	12,779,645	50.00
51.00	05100	RECOVERY ROOM	0.312491	996,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266926	123,013	52.00
53.00	05300	ANESTHESIOLOGY	0.097744	2,558,670	53.00
53.01	05301	PAIN MANAGEMENT	0.422201	173,014	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125913	14,849,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213980	284,762	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	973,454	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0.114796	878,862	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182999	4,688,333	59.00
60.00	06000	LABORATORY	0.089363	23,823,610	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.323978	716,215	60.01
60.02	06003	LAB-STEM CELL	0.013379	7,422	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.329279	3,016,397	63.00
64.00	06400	INTRAVENOUS THERAPY	0.512948	462,986	64.00
65.00	06500	RESPIRATORY THERAPY	0.163904	9,394,002	65.00
65.01	06501	SLEEP DISORDER	0.182831	25	65.01
66.00	06600	PHYSICAL THERAPY	0.260247	2,111,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212620	678,820	67.00
68.00	06800	SPEECH PATHOLOGY	0.259261	328,395	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095323	3,696,878	69.00
69.01	06901	CARDIAC REHAB	1.273305	568	69.01
69.02	06902	VASCULAR LAB	0.240977	1,482,689	69.02
69.03	06903	ENDOSCOPY	0.200314	2,003,068	69.03
69.04	06904	CLINICAL NUTRITION	3.941296	91	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.436074	172,235	70.00
70.01	07001	ECT	0.342684	16,905	70.01
70.02	07002	PSYCHOTHERAPY	0.254795	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	6,036,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.758824	4,267,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219841	20,351,684	73.00
74.00	07400	RENAL DIALYSIS	0.279323	2,316,383	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.520829	0	90.00
91.00	09100	EMERGENCY	0.184599	8,634,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		127,824,102	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)		127,824,102	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/29/2014 4:55 pm	
		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
31.01	03101 PEDIATRIC INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		11,149,640		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.223451	0	0	50.00
51.00	05100 RECOVERY ROOM	0.312491	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.266926	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097744	72,155	7,053	53.00
53.01	05301 PAIN MANAGEMENT	0.422201	1,346	568	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125913	156,185	19,666	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.213980	6	1	55.00
55.01	05501 NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	7,884	1,284	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	05601 ULTRASOUND	0.114796	10,276	1,180	56.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.182999	7,267	1,330	59.00
60.00	06000 LABORATORY	0.089363	842,816	75,317	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.323978	2,272	736	60.01
60.02	06003 LAB-STEM CELL	0.013379	38	1	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.329279	5,980	1,969	63.00
64.00	06400 INTRAVENOUS THERAPY	0.512948	1,295	664	64.00
65.00	06500 RESPIRATORY THERAPY	0.163904	113,286	18,568	65.00
65.01	06501 SLEEP DISORDER	0.182831	3,954	723	65.01
66.00	06600 PHYSICAL THERAPY	0.260247	117,147	30,487	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.212620	5,797	1,233	67.00
68.00	06800 SPEECH PATHOLOGY	0.259261	5,246	1,360	68.00
69.00	06900 ELECTROCARDIOLOGY	0.095323	40,157	3,828	69.00
69.01	06901 CARDIAC REHAB	1.273305	40	51	69.01
69.02	06902 VASCULAR LAB	0.240977	6,435	1,551	69.02
69.03	06903 ENDOSCOPY	0.200314	8,779	1,759	69.03
69.04	06904 CLINICAL NUTRITION	3.941296	0	0	69.04
70.00	07000 ELECTROENCEPHALOGRAPHY	1.436074	950	1,364	70.00
70.01	07001 ECT	0.342684	268,065	91,862	70.01
70.02	07002 PSYCHOTHERAPY	0.254795	4,644	1,183	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	8,741	7,748	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.758824	9,730	7,383	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.219841	1,587,009	348,890	73.00
74.00	07400 RENAL DIALYSIS	0.279323	53,316	14,892	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.520829	0	0	90.00
91.00	09100 EMERGENCY	0.184599	649,669	119,928	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,990,485	762,579	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,990,485		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 4:55 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		24,564,730	30.00
31.00	03100	INTENSIVE CARE UNIT		3,400,062	31.00
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		1,651,445	31.01
32.00	03200	CORONARY CARE UNIT		669,945	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		11,006,779	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		1,226,725	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223339	5,606,053	1,252,050 50.00
51.00	05100	RECOVERY ROOM	0.312491	441,615	138,001 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266926	1,632,940	435,874 52.00
53.00	05300	ANESTHESIOLOGY	0.097343	1,698,591	165,346 53.00
53.01	05301	PAIN MANAGEMENT	0.418554	54,818	22,944 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125913	6,196,136	780,174 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213709	103,692	22,160 55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	389,843	63,482 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRA SOUND	0.114796	402,401	46,194 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182160	1,515,202	276,009 59.00
60.00	06000	LABORATORY	0.089363	14,313,922	1,279,135 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.323978	489,409	158,558 60.01
60.02	06003	LAB-STEM CELL	0.013379	44,516	596 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329279	1,518,405	499,979 63.00
64.00	06400	INTRAVENOUS THERAPY	0.512003	165,965	84,975 64.00
65.00	06500	RESPIRATORY THERAPY	0.163884	6,995,359	1,146,427 65.00
65.01	06501	SLEEP DISORDER	0.182512	112,515	20,535 65.01
66.00	06600	PHYSICAL THERAPY	0.260247	778,136	202,508 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212620	345,386	73,436 67.00
68.00	06800	SPEECH PATHOLOGY	0.259261	127,516	33,060 68.00
69.00	06900	ELECTROCARDIOLOGY	0.094785	1,454,803	137,894 69.00
69.01	06901	CARDIAC REHAB	1.273305	195	248 69.01
69.02	06902	VASCULAR LAB	0.240977	376,819	90,805 69.02
69.03	06903	ENDOSCOPY	0.200314	653,115	130,828 69.03
69.04	06904	CLINICAL NUTRITION	3.941296	728	2,869 69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.436074	28,343	40,703 70.00
70.01	07001	ECT	0.342684	16,905	5,793 70.01
70.02	07002	PSYCHOTHERAPY	0.254795	0	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	2,977,937	2,639,748 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.758824	1,283,526	973,970 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219841	11,939,890	2,624,877 73.00
74.00	07400	RENAL DIALYSIS	0.279323	382,481	106,836 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.520823	645,525	336,204 90.00
91.00	09100	EMERGENCY	0.184599	4,433,728	818,462 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		67,126,415	14,610,680 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		67,126,415	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/29/2014 4:55 pm	
		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
31.01	03101	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		7,868,623	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223339	18,625	50.00
51.00	05100	RECOVERY ROOM	0.312491	1,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.266926	1,260	52.00
53.00	05300	ANESTHESIOLOGY	0.097343	62,476	53.00
53.01	05301	PAIN MANAGEMENT	0.418554	656	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125913	146,045	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.213709	79	55.00
55.01	05501	NUCLEAR MEDICINE-DIAGNOSTIC	0.162839	7,165	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRA SOUND	0.114796	8,537	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182160	17,738	59.00
60.00	06000	LABORATORY	0.089363	1,024,742	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.323978	4,615	60.01
60.02	06003	LAB-STEM CELL	0.013379	8	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.329279	8,946	63.00
64.00	06400	INTRAVENOUS THERAPY	0.512003	2,467	64.00
65.00	06500	RESPIRATORY THERAPY	0.163884	62,271	65.00
65.01	06501	SLEEP DISORDER	0.182512	3,164	65.01
66.00	06600	PHYSICAL THERAPY	0.260247	42,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.212620	2,558	67.00
68.00	06800	SPEECH PATHOLOGY	0.259261	3,662	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094785	47,820	69.00
69.01	06901	CARDIAC REHAB	1.273305	11	69.01
69.02	06902	VASCULAR LAB	0.240977	3,648	69.02
69.03	06903	ENDOSCOPY	0.200314	22,524	69.03
69.04	06904	CLINICAL NUTRITION	3.941296	0	69.04
70.00	07000	ELECTROENCEPHALOGRAPHY	1.436074	760	70.00
70.01	07001	ECT	0.342684	218,960	70.01
70.02	07002	PSYCHOTHERAPY	0.254795	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.886435	8,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.758824	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.219841	1,019,137	73.00
74.00	07400	RENAL DIALYSIS	0.279323	12	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.520823	10,889	90.00
91.00	09100	EMERGENCY	0.184599	750,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.227870	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,500,889	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)		3,500,889	202.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 4:55 pm

Cost Center Description		Kidney			Hospital	PPS	
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		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	980.07	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	8,418	1,640.89	4	6,564	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,844.23	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,349.73	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	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,072.41	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		8,418		4	6,564	7.00
Cost Center Description		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	0.223339	22,978	5,132	8.00
9.00	RECOVERY ROOM		51.00	0.312491	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.266926	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.097343	1,218	119	11.00
11.01	PAIN MANAGEMENT		53.01	0.418554	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125913	6,113	770	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.213709	0	0	13.00
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.162839	0	0	13.01
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
14.01	ULTRA SOUND		56.01	0.114796	0	0	14.01
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.182160	0	0	17.00
18.00	LABORATORY		60.00	0.089363	110,750	9,897	18.00
18.01	ANATOMIC PATHOLOGY		60.01	0.323978	0	0	18.01
18.02	LAB-STEM CELL		60.02	0.013379	0	0	18.02
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	0.329279	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.512003	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.163884	4,269	700	23.00
23.01	SLEEP DISORDER		65.01	0.182512	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.260247	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.212620	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.259261	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.094785	26,538	2,515	27.00
27.01	CARDIAC REHAB		69.01	1.273305	0	0	27.01
27.02	VASCULAR LAB		69.02	0.240977	0	0	27.02
27.03	ENDOSCOPY		69.03	0.200314	0	0	27.03
27.04	CLINICAL NUTRITION		69.04	3.941296	0	0	27.04
28.00	ELECTROENCEPHALOGRAPHY		70.00	1.436074	0	0	28.00
28.01	ECT		70.01	0.342684	0	0	28.01
28.02	PSYCHOTHERAPY		70.02	0.254795	0	0	28.02
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.886435	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.758824	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.219841	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.279323	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	0.520823	0	0	37.00
38.00	EMERGENCY		91.00	0.184599	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.227870	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				171,866	19,133	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: 260091		Period: From 01/01/2013 To 12/31/2013		Worksheet D-4	
		Component CCN:				Date/Time Prepared: 5/29/2014 4:55 pm	
		Kidney		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	4	0	43.00	
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			4	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	
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		Charges			
		Part A	Part B	Part A	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	25,697		180,284		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)	362,273		144,000		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)	387,970		324,284		61.00	
62.00	Total Usable Organs (see instructions)		14			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)		0.857143			64.00	
65.00	Medicare Cost/Charges (see instructions)	332,546		277,958		65.00	
66.00	Revenue for Organs Sold	42,932		42,932		66.00	
67.00	Subtotal (line 65 minus line 66)	289,614		235,026		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	289,614	0	235,026	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	8		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	6		73.00	
74.00	Total (sum of lines 70 thru 73)		0	14		74.00	
75.00	Organs Transplanted		0	6	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	8	42,932	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	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	14		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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-4		
				Component CCN:	Date/Time Prepared: 5/29/2014 4:55 pm			
				Liver	Hospital	PPS		
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)			
	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	980.07	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	982	1,640.89	0	0	2.00	
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,844.23	0	0	2.01	
3.00	CORONARY CARE UNIT	44.00	0	1,349.73	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	0	0.00	0	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,072.41	0	0	6.00	
7.00	TOTAL (sum of lines 1-6)		982		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	0.223339	2,394	535	8.00	
9.00	RECOVERY ROOM		51.00	0.312491	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.266926	0	0	10.00	
11.00	ANESTHESIOLOGY		53.00	0.097343	356	35	11.00	
11.01	PAIN MANAGEMENT		53.01	0.418554	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.125913	353	44	12.00	
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.213709	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.162839	0	0	13.01	
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND		56.01	0.114796	0	0	14.01	
15.00	CT SCAN		57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION		59.00	0.182160	0	0	17.00	
18.00	LABORATORY		60.00	0.089363	27,242	2,434	18.00	
18.01	ANATOMIC PATHOLOGY		60.01	0.323978	0	0	18.01	
18.02	LAB-STEM CELL		60.02	0.013379	0	0	18.02	
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	0.329279	0	0	21.00	
22.00	INTRAVENOUS THERAPY		64.00	0.512003	0	0	22.00	
23.00	RESPIRATORY THERAPY		65.00	0.163884	376	62	23.00	
23.01	SLEEP DISORDER		65.01	0.182512	0	0	23.01	
24.00	PHYSICAL THERAPY		66.00	0.260247	0	0	24.00	
25.00	OCCUPATIONAL THERAPY		67.00	0.212620	0	0	25.00	
26.00	SPEECH PATHOLOGY		68.00	0.259261	0	0	26.00	
27.00	ELECTROCARDIOLOGY		69.00	0.094785	5,094	483	27.00	
27.01	CARDIAC REHAB		69.01	1.273305	0	0	27.01	
27.02	VASCULAR LAB		69.02	0.240977	0	0	27.02	
27.03	ENDOSCOPY		69.03	0.200314	0	0	27.03	
27.04	CLINICAL NUTRITION		69.04	3.941296	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY		70.00	1.436074	0	0	28.00	
28.01	ECT		70.01	0.342684	0	0	28.01	
28.02	PSYCHOTHERAPY		70.02	0.254795	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.886435	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.758824	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.219841	0	0	31.00	
32.00	RENAL DIALYSIS		74.00	0.279323	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00	
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	0.520823	0	0	37.00	
38.00	EMERGENCY		91.00	0.184599	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.227870	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00	
41.00	TOTAL (sum of lines 8-40)				35,815	3,593	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 4:55 pm

		Liver		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	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	3,593		36,797			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)	190,017		122,915			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)	193,610		159,712			61.00
62.00	Total Usable Organs (see instructions)		4				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000				64.00
65.00	Medicare Cost/Charges (see instructions)	96,805		79,856			65.00
66.00	Revenue for Organs Sold	6,105		6,105			66.00
67.00	Subtotal (line 65 minus line 66)	90,700		73,751			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	90,700	0	73,751	0	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	1			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	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	4			74.00
75.00	Organs Transplanted		0	3	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	1	6,105		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	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	4			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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet D-4	
				Component CCN:	Date/Time Prepared: 5/29/2014 4:55 pm		
				Heart	Hospital	PPS	
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)		
	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	980.07	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	3,863	1,640.89	1	1,641	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,844.23	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,349.73	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	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,072.41	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		3,863		1	1,641	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	0.223339	5,975	1,334	8.00	
9.00	RECOVERY ROOM	51.00	0.312491	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.266926	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.097343	862	84	11.00	
11.01	PAIN MANAGEMENT	53.01	0.418554	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.125913	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.213709	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.162839	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.114796	0	0	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.182160	0	0	17.00	
18.00	LABORATORY	60.00	0.089363	26,782	2,393	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.323978	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.013379	0	0	18.02	
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	0.329279	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.512003	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.163884	1,993	327	23.00	
23.01	SLEEP DISORDER	65.01	0.182512	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.260247	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.212620	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.259261	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094785	3,812	361	27.00	
27.01	CARDIAC REHAB	69.01	1.273305	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.240977	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.200314	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	3.941296	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	1.436074	0	0	28.00	
28.01	ECT	70.01	0.342684	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.254795	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.886435	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.758824	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.219841	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.279323	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.520823	0	0	37.00	
38.00	EMERGENCY	91.00	0.184599	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.227870	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8-40)			39,424	4,499	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: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 4:55 pm

		Heart		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	1		0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
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	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1		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
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		Charges			
		Part A	Part B	Part A	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	6,140		43,287			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)	274,019		176,295			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)	280,159		219,582			61.00
62.00	Total Usable Organs (see instructions)		5				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.400000				64.00
65.00	Medicare Cost/Charges (see instructions)	112,064		87,833			65.00
66.00	Revenue for Organs Sold	18,707		18,707			66.00
67.00	Subtotal (line 65 minus line 66)	93,357		69,126			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	93,357	0	69,126	0	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	2			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	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	5			74.00
75.00	Organs Transplanted		0	3		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	2		18,707	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	5		0	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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 4:55 pm
		Title XVII	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)		28,645,595	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		9,356,309	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)		1,423,206	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		18,366,608	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		542.94	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)		141.25	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)		0.00	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.		31.00	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)		172.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		176.64	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)		172.25	12.00
13.00	Total allowable FTE count for the prior year.		167.75	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.		158.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		166.08	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		166.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.305890	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.338465	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.305890	21.00
22.00	IME payment adjustment (see instructions)		8,686,219	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)		4.39	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)		8,686,219	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		52.77	31.00
32.00	Sum of lines 30 and 31		61.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)		39.91	33.00
34.00	Disproportionate share adjustment (see instructions)		12,365,983	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 4:55 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			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)			0.001925020	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			17,414,465	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			4,389,403	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,389,403		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 and 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 and 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)		64,866,715		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)		64,866,715		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,014,063		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).		3,038,237		52.00
53.00	Nursing and Allied Health Managed Care payment		131,268		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		473,671		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).		139,294		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,663,248		59.00
60.00	Primary payer payments		118,004		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,545,244		61.00
62.00	Deductibles billed to program beneficiaries		3,657,840		62.00
63.00	Coinurance billed to program beneficiaries		269,481		63.00
64.00	Allowable bad debts (see instructions)		1,006,089		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		653,958		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		585,024		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		69,271,881		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	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)			75,265	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-201,294	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: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 4:55 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		69,145,852		71.00
71.01	Sequestration adjustment (see instructions)		1,044,102		71.01
72.00	Interim payments		66,129,092		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		1,972,658		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		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 REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 4:55 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		90,202	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,682,160	2.00
3.00	PPS payments		23,079,849	3.00
4.00	Outlier payment (see instructions)		147,068	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		17,489	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		90,202	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		390,742	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)		390,742	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 charge basis 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)		390,742	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		300,540	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)		90,202	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)		23,244,406	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)		4,765,018	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)		18,569,590	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,517,271	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)		20,086,861	30.00
31.00	Primary payer payments		9,512	31.00
32.00	Subtotal (line 30 minus line 31)		20,077,349	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)		581,767	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		378,149	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		222,750	36.00
37.00	Subtotal (see instructions)		20,455,498	37.00
38.00	MSP-LCC reconciliation amount from PS&R		628	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)		20,454,870	40.00
40.01	Sequestration adjustment (see instructions)		308,869	40.01
41.00	Interim payments		19,987,559	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		158,442	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 4:55 pm
		Component CCN: 26S091	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		273	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,734,063	2.00
3.00	PPS payments		1,589,797	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		2	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		273	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,236	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)		1,236	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 charge basis 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)		1,236	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		963	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)		273	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)		1,589,799	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)		319,340	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)		1,270,732	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)		1,270,732	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,270,732	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)		40	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		26	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40	36.00
37.00	Subtotal (see instructions)		1,270,758	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)		1,270,758	40.00
40.01	Sequestration adjustment (see instructions)		19,188	40.01
41.00	Interim payments		1,250,568	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,002	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

		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		66,129,092		19,851,459	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	08/23/2013	136,100	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		136,100	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)		66,129,092		19,987,559	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		1,972,658		158,442	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		68,101,750		20,146,001	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: 260091
Component CCN: 26S091

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 4:55 pm

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					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		4,677,294		1,250,568	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)		4,677,294		1,250,568	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		45,666		1,002	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,722,960		1,251,570	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: 260091

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 4:55 pm

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	23,341	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	24,082	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	11,922	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	123,759	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	1,728,295,873	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	49,097,959	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)	1,430,429	8.00
9.00	Sequestration adjustment amount (see instructions)	28,609	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,401,820	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	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)	1,401,820	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/29/2014 4:55 pm
		Title XVII	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)			5,191,329 1.00
2.00	Net IPF PPS Outlier Payments			15,423 2.00
3.00	Net IPF PPS ECT Payments			94,934 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)			0.82 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.)			0.00 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)			0.00 8.00
9.00	Average Daily Census (see instructions)			43,956164 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			5,301,686 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)			0 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)			5,301,686 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			5,301,686 18.00
19.00	Deductibles			338,540 19.00
20.00	Subtotal (line 18 minus line 19)			4,963,146 20.00
21.00	Coinsurance			225,256 21.00
22.00	Subtotal (line 20 minus line 21)			4,737,890 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			88,430 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			57,480 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			12,940 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,795,370 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)			0 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)			4,795,370 31.00
31.01	Sequestration adjustment (see instructions)			72,410 31.01
32.00	Interim payments			4,677,294 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			45,666 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			15,423 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 4:55 pm	
		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.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	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))			32.00	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)			173.30	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			180.01	6.00
7.00	Enter the lesser of line 5 or line 6			173.30	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.	117.33	51.85	169.18	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.	112.96	49.92	162.88	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	112.96	49.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	109.94	46.31		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	101.56	42.72		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	108.15	46.32		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	0.00		16.00
17.00	Adjusted rolling average FTE count	108.15	46.32		17.00
18.00	Per resident amount	100,060.04	100,060.04		18.00
19.00	Approved amount for resident costs	10,821,493	4,634,781	15,456,274	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)			6.71	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)			15,456,274	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,952	11,940		26.00
27.00	Total Inpatient Days (see instructions)	139,803	139,803		27.00
28.00	Ratio of inpatient days to total inpatient days	0.221397	0.085406		28.00
29.00	Program direct GME amount	3,421,973	1,320,059		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		186,524		30.00
31.00	Net Program direct GME amount			4,555,508	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 4:55 pm
		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)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		6,579,235	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)		60,747,870	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		473,671	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)		118,004	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		61,103,537	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		30,524,189	42.00
43.00	Primary payer payments (see instructions)		9,512	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,514,677	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		91,618,214	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.666937	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.333063	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,555,508	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		3,038,237	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,517,271	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet G Date/Time Prepared: 5/29/2014 4:55 pm		
		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	44,505,283	0	0	0	1.00
2.00	Temporary investments	8,062,750	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	103,388,071	0	0	0	4.00
5.00	Other receivable	5,837,384	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,096,174	0	0	0	7.00
8.00	Prepaid expenses	2,445,595	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	173,335,257	0	0	0	11.00
FIXED ASSETS						
12.00	Land	18,198,205	0	0	0	12.00
13.00	Land improvements	9,554,523	0	0	0	13.00
14.00	Accumulated depreciation	-7,941,626	0	0	0	14.00
15.00	Buildings	402,132,604	0	0	0	15.00
16.00	Accumulated depreciation	-230,338,051	0	0	0	16.00
17.00	Leasehold improvements	3,071,559	0	0	0	17.00
18.00	Accumulated depreciation	-1,691,597	0	0	0	18.00
19.00	Fixed equipment	52,728,443	0	0	0	19.00
20.00	Accumulated depreciation	-48,016,064	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	183,140,178	0	0	0	23.00
24.00	Accumulated depreciation	-139,988,440	0	0	0	24.00
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00
26.00	Accumulated depreciation	-122,545	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	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)	242,595,671	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	56,028,617	13,741,004	15,204,635	631,213	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,569,342	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	58,597,959	13,741,004	15,204,635	631,213	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	474,528,887	13,741,004	15,204,635	631,213	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	44,464,964	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,005,189	0	0	0	38.00
39.00	Payroll taxes payable	560,254	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,072,992	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,370,077	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	70,473,476	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	57,082,178	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	39,892,244	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,974,422	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	167,447,898	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	307,080,989				52.00
53.00	Specific purpose fund		13,741,004			53.00
54.00	Donor created - endowment fund balance - restricted			15,204,635		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				631,213	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)	307,080,989	13,741,004	15,204,635	631,213	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	474,528,887	13,741,004	15,204,635	631,213	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 4:55 pm

		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		296,091,579		12,749,462		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		49,586,345				2.00
3.00	Total (sum of line 1 and line 2)		345,677,924		12,749,462		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	GAIN ON INVESTMENTS	0		0		1,054,598	5.00
6.00	DONATIONS	0		0		0	6.00
7.00	TRANSFERS FROM OTHER FUNDS	0		991,542		71,358	7.00
8.00	CORPORATE OFFICE	0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		991,542		10.00
11.00	Subtotal (line 3 plus line 10)		345,677,924		13,741,004		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CORPORATE OFFICE	20,494,152		0		0	13.00
14.00	TRANSFER TO OTHER RELATED ORGANIZATI	18,102,783		0		0	14.00
15.00	TRANSFER TO OTHER FUNDS	0		0		0	15.00
16.00	LOSS ON INVESTMENTS	0		0		0	16.00
17.00	TRANSFER DEBT TO CORP.	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		38,596,935		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		307,080,989		13,741,004		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	14,078,679		587,997			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)	14,078,679		587,997			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	GAIN ON INVESTMENTS		0				5.00
6.00	DONATIONS		0				6.00
7.00	TRANSFERS FROM OTHER FUNDS		43,216				7.00
8.00	CORPORATE OFFICE		0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	1,125,956		43,216			10.00
11.00	Subtotal (line 3 plus line 10)	15,204,635		631,213			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CORPORATE OFFICE		0				13.00
14.00	TRANSFER TO OTHER RELATED ORGANIZATI		0				14.00
15.00	TRANSFER TO OTHER FUNDS		0				15.00
16.00	LOSS ON INVESTMENTS		0				16.00
17.00	TRANSFER DEBT TO CORP.		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)	15,204,635		631,213			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260091

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 4:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	221,466,052		221,466,052	1.00
2.00	SUBPROVIDER - IPF	25,563,692		25,563,692	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				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	247,029,744		247,029,744	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,368,240		28,368,240	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	23,165,446		23,165,446	11.01
12.00	CORONARY CARE UNIT	7,926,265		7,926,265	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	121,270,281		121,270,281	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	180,730,232		180,730,232	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	427,759,976		427,759,976	17.00
18.00	Ancillary services	565,316,244	0	565,316,244	18.00
19.00	Outpatient services	0	797,295,886	797,295,886	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	NON-REIMB/PRO FEES	119,537	4,380,553	4,500,090	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	993,195,757	801,676,439	1,794,872,196	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		585,110,435		29.00
30.00	ADD (SPECIFY)	0			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)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			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)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		585,110,435		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260091

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 4:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,794,872,196	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,216,882,386	2.00
3.00	Net patient revenues (line 1 minus line 2)	577,989,810	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	585,110,435	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,120,625	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	11,399,505	6.00
7.00	Income from investments	480,050	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	8,191	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,670,341	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	9,682,380	17.00
18.00	Revenue from sale of medical records and abstracts	21,546	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	2,236,039	23.00
24.00	OTHER	29,208,918	24.00
25.00	Total other income (sum of lines 6-24)	56,706,970	25.00
26.00	Total (line 5 plus line 25)	49,586,345	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)	49,586,345	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260091

Period:

Worksheet I-1

Component CCN: 262320

From 01/01/2013
To 12/31/2013

Date/Time Prepared:
5/29/2014 4:55 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	287,308	Hours of Service	7,854.03	3.78	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	42,225	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	329,533				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	10,682	Requisitions			14.00
15.00	Drugs	101	Requisitions			15.00
16.00	Other	852,867	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,193,183				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	17,974	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	14,853	Percentage of Time			19.00
20.00	Employee Benefits Department	67,182	Salary			20.00
21.00	Administrative & General	407,952	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	73,257	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	9	Requisitions			24.00
25.00	Pharmacy	3,542	Requisitions			25.00
26.00	Other Allocated Costs	59,782	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,837,734				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,837,734				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-2
		Component CCN: 262320		Date/Time Prepared: 5/29/2014 4:55 pm
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equip ment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	91,231	14,853	287,308	0	67,182	3,643	1.00
MAINTENANCE								
2.00	Hemodialysis	24,216	3,943	76,272	0	17,837	967	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	67,015	10,910	211,036	0	49,345	2,676	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						15,258	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	91,231	14,853	287,308	0	67,182	3,643	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	10,691	0	474,908	1,362,826	1,837,734		1.00
MAINTENANCE								
2.00	Hemodialysis	2,916	0	126,151	362,011	488,162		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	7,775	0	348,757	1,000,815	1,349,572		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	10,691	0	474,908	1,362,826	1,837,734		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,837,734		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

Period: From 01/01/2013

Worksheet 1-3

Component CCN: 262320

To 12/31/2013

Date/Time Prepared: 5/29/2014 4:55 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	91,231	14,853	287,308	0	67,182	1.00
MAINTENANCE							
2.00	Hemodialysis	533	26.55	2,085.00	0.00	76,281	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,736	1,475	73.45	5,769.00	0.00	211,027
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	EPO	0	0.00	0.00	0.00	0.00	0
15.00	ARANESP	0	0.00	0.00	0.00	0.00	0
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	2,008	100.00	7,854.00	0.00	287,308	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	45.433765	148.530000	36.581105	0.000000	0.233833	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	3,643	10,691	0	474,908	1,362,826	1.00
MAINTENANCE							
2.00	Hemodialysis	4,012	18	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	11,098	48	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	15,110	66	0		474,908	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.241099	161.984848	0.000000		2.869663	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091

Period: From 01/01/2013

Worksheet 1-4

Component CCN: 262320

To 12/31/2013

Date/Time Prepared: 5/29/2014 4:55 pm

		Rate 0		Renal Dialysis			
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
1.00	Maintenance - Hemodialysis	989	488,162	493.59	0	735	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	989	488,162		0	735	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	989					12.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.00	6.02	7.00	7.02	
1.00	Maintenance - Hemodialysis	362,789	0	166,071	0.00	225.95	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.00	6.02	7.00	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	362,789	0	166,071			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-5 Date/Time Prepared: 5/29/2014 4:55 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	362,789		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	166,071	156,655	2.02
2.03	Total payment due (see instructions)	166,071	156,655	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	125,324	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	528,087		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	488,162		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.924397		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260091	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 4:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,008,374	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		166,051	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)		342.60	3.00
4.00	Number of interns & residents (see instructions)		166.08	4.00
5.00	Indirect medical education percentage (see instructions)		14.66	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		441,028	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		52.77	8.00
9.00	Sum of lines 7 and 8		61.45	9.00
10.00	Allowable disproportionate share percentage (see instructions)		13.25	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		398,610	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,014,063	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