This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/26/2013 12:36 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/26/2013 Time: 12:36 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LUKE'S HOSPITAL (260179) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	55,500	102,868	-132,843	533,434	1.00
2.00	Subprovider - IPF	0	0	0		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
7.00	SKILLED NURSING FACILITY	0	18,945	305		2,662	7.00
9.00	HOME HEALTH AGENCY I	0	0	1,287		0	9.00
200.00	Total	0	74,445	104,460	-132,843	536,096	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: 260179

Period: From 07/01/2012 To 06/30/2013

Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 12:35 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF									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	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	ST. LUKE'S RENAL DIALYSIS	262321	41180		01/23/1991				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2012	06/30/2013	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
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.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	842	0	69	0	1,550	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	0	25.00

		Urban/Rural S 1.00	Date of Geogr 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00

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

		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 12:35 pm

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	1.59	40.62	0.037669	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	1.59	40.62	0.037669	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.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	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
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)			106.00

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		V	XIX	
		1.00	2.00	
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)			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.					109.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	701,036	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

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	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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2012	09/30/2012	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 12:35 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)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	10/04/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 12:35 pm

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

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

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		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.	N		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.	N		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.	ANTHONY	GANOUSIS	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. LUKE'S HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-576-2411	ANTHONY.GANOUSIS@STLUKES-STL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/04/2013			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HFS Supplemental Information	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/26/2013 12:35 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/26/2013 12:35 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	369	128,415	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)		369	128,415	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		403	140,825	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	60	21,900		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	80	29,200			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	17,374			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)		543				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)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/26/2013 12:35 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	31,302	774	58,906			1.00
2.00	HMO and other (see instructions)	8,530	1,550				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	31,302	774	58,906			7.00
8.00	INTENSIVE CARE UNIT	2,020	58	3,480			8.00
9.00	CORONARY CARE UNIT	1,945	16	3,338			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		63	5,663			13.00
14.00	Total (see instructions)	35,267	911	71,387	40.61	2,397.73	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	9,949	0	15,299	0.01	47.66	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			24,519	0.00	44.18	21.00
22.00	HOME HEALTH AGENCY	18,839	306	34,772	0.00	43.15	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	14,998	130	17,374	0.00	20.03	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)				40.62	2,552.75	27.00
28.00	Observation Bed Days		0	2,727			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	1,021			32.00
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 11/26/2013 12:35 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,558	189	15,140	1.00
2.00	HMO and other (see instructions)			1,688			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,558	189	15,140	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				857	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					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
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 11/26/2013 12:35 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	156,393,524	573,896	156,967,420	5,309,099.56	29.57	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,983,301	0	2,983,301	21,968.92	135.80	4.00
4.01	Physicians - Part A - Teaching		1,081,980	0	1,081,980	10,304.08	105.01	4.01
5.00	Physician-Part B		15,716,235	0	15,716,235	144,347.86	108.88	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,206,090	0	2,206,090	86,302.00	25.56	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,019,570	2,395	2,021,965	99,141.06	20.39	9.00
10.00	Excluded area salaries (see instructions)		10,896,707	341,634	11,238,341	447,535.69	25.11	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,481,443	0	1,481,443	22,277.59	66.50	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		522,395	0	522,395	6,336.97	82.44	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,498,221	0	32,498,221			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,531,112	0	3,531,112			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		359,609	0	359,609			22.00
22.01	Physician Part A - Teaching		185,500	0	185,500			22.01
23.00	Physician Part B		2,001,961	0	2,001,961			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		574,795	0	574,795			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,032,885	450,929	1,483,814	37,181.07	39.91	26.00
27.00	Administrative & General	5.00	18,829,884	-280,703	18,549,181	546,003.44	33.97	27.00
28.00	Administrative & General under contract (see inst.)		5,625,875	0	5,625,875	79,857.65	70.45	28.00
29.00	Maintenance & Repairs	6.00	2,401,186	2,315	2,403,501	95,832.51	25.08	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	95,684	194	95,878	8,005.53	11.98	31.00
32.00	Housekeeping	9.00	2,755,149	183,973	2,939,122	225,994.77	13.01	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,811,264	-342,630	2,468,634	175,429.97	14.07	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	426,532	755	427,287	31,274.80	13.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,523,247	1,091	1,524,338	45,156.81	33.76	38.00
39.00	Central Services and Supply	14.00	1,258,668	1,797	1,260,465	74,370.73	16.95	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,534,351	2,941	2,537,292	121,753.47	20.84	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2013 12:35 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	
42.00	Social Service	17.00	781,035	678	781,713	28,038.53	27.88	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2013 12:35 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		143,015,094	573,896	143,588,990	5,148,003.27	27.89	1.00
2.00	Excluded area salaries (see instructions)		12,916,277	344,029	13,260,306	546,676.75	24.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)		130,098,817	229,867	130,328,684	4,601,326.52	28.32	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,003,838	0	2,003,838	28,614.56	70.03	4.00
5.00	Subtotal wage-related costs (see inst.)		32,857,830	0	32,857,830	0.00	25.21	5.00
6.00	Total (sum of lines 3 thru 5)		164,960,485	229,867	165,190,352	4,629,941.08	35.68	6.00
7.00	Total overhead cost (see instructions)		40,075,760	21,340	40,097,100	1,468,899.28	27.30	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2013 12:35 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,147,684	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	4,799,793	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	146	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)	13,736,849	8.00
9.00	Prescription Drug Plan	4,817,695	9.00
10.00	Dental, Hearing and Vision Plan	1,101,186	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	187,060	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	608,595	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,007,819	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	10,681,464	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	176,944	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	25,503	22.00
23.00	Tuition Reimbursement	860,460	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	39,151,198	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	39,275	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-3 Part V Date/Time Prepared: 11/26/2013 12:35 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	7,629,713	0	1.00
2.00	Hospital	7,629,713	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 260179
Component CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet S-4
Date/Time Prepared: 11/26/2013 12:35 pm

Home Health Agency I | PPS

					1.00		
0.00	County				SAINT LOUIS COUNTY		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,519	7	492	2,018	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,021.00	15.00	910.00	1,946.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	1.15	0.00	1.15	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			7.84	0.00	7.84	5.00
6.00	Direct Nursing Service			19.97	0.00	19.97	6.00
7.00	Nursing Supervisor			1.01	0.00	1.01	7.00
8.00	Physical Therapy Service			8.90	0.42	9.32	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.49	0.33	2.82	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.29	0.00	0.29	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.89	0.03	0.92	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.97	0.06	1.03	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	8,448	261	254	328	9,291	21.00
22.00	Skilled Nursing Visit Charges	1,478,225	45,675	44,450	57,400	1,625,750	22.00
23.00	Physical Therapy Visits	6,013	49	114	214	6,390	23.00
24.00	Physical Therapy Visit Charges	1,044,575	8,575	19,950	36,400	1,109,500	24.00
25.00	Occupational Therapy Visits	1,907	24	9	82	2,022	25.00
26.00	Occupational Therapy Visit Charges	329,350	4,025	1,575	14,350	349,300	26.00
27.00	Speech Pathology Visits	208	0	1	4	213	27.00
28.00	Speech Pathology Visit Charges	35,350	0	175	700	36,225	28.00
29.00	Medical Social Service Visits	163	4	3	9	179	29.00
30.00	Medical Social Service Visit Charges	28,525	700	525	1,575	31,325	30.00
31.00	Home Health Aide Visits	657	59	3	25	744	31.00
32.00	Home Health Aide Visit Charges	49,275	4,425	169	1,875	55,744	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,396	397	384	662	18,839	33.00
34.00	Other Charges	50,705	1,267	1,993	106	54,071	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,016,005	64,667	68,837	112,406	3,261,915	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,074		132	43	1,249	36.00
37.00	Total Number of Outlier Episodes		9		0	9	37.00
38.00	Total Non-Routine Medical Supply Charges	50,705	1,267	1,993	106	54,071	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-5 | Date/Time Prepared: 11/26/2013 12:35 pm

		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	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	260	0					5.00
6.00	Number of stations	6	0	0	0			6.00
7.00	Treatment capacity per day per station	2	0					7.00
8.00	Utilization (see instructions)	6.44	0.00					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	0		11.00
12.00	Number of patients transplanted during the cost reporting period	0		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)		0	0	0	0	22.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-7 Date/Time Prepared: 11/26/2013 12:35 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	8	0	8	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	7	0	7	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	399	0	399	12.00
13.00		RUB	3,160	0	3,160	13.00
14.00		RUA	660	0	660	14.00
15.00		RVC	681	0	681	15.00
16.00		RVB	2,331	0	2,331	16.00
17.00		RVA	745	0	745	17.00
18.00		RHC	305	0	305	18.00
19.00		RHB	638	0	638	19.00
20.00		RHA	242	0	242	20.00
21.00		RMC	174	0	174	21.00
22.00		RMB	154	0	154	22.00
23.00		RMA	142	0	142	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	64	0	64	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	6	0	6	34.00
35.00		HB2	14	0	14	35.00
36.00		HB1	47	0	47	36.00
37.00		LE2	5	0	5	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	8	0	8	41.00
42.00		LC1	7	0	7	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	47	0	47	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	38	0	38	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	52	0	52	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	5	0	5	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet S-7 | Date/Time Prepared: 11/26/2013 12:35 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	2	0	2	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	6	0	6	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		9,949	0	9,949	200.00

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

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	2,019,570	61.27	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,296,022			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2012 To 06/30/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 11/26/2013 12:35 pm
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	14,828	130	0	0	2,246	17,204	2.00
3.00	Inpatient Respite Care	125	0	0	0	0	125	3.00
4.00	General Inpatient Care	45	0	0	0	0	45	4.00
5.00	Total Hospice Days	14,998	130	0	0	2,246	17,374	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/26/2013 12:35 pm

		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)	0.275930	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,605,668	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?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	19,173,527	6.00
7.00	Medicaid cost (line 1 times line 6)	5,290,551	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)	684,883	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	193,934	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)	684,883	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	7,170,862	3,453,536	10,624,398	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,978,656	952,934	2,931,590	21.00
22.00	Partial payment by patients approved for charity care	361,701	518,538	880,239	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,616,955	434,396	2,051,351	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)	4,767,857	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	923,713	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)	3,844,144	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,060,715	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	3,112,066	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,796,949	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/26/2013 12:35 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,228,839	9,228,839	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		31,862,976	31,862,976	-14,831,124	17,031,852	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		538,502	538,502	34,158	572,660	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,032,885	37,845,433	38,878,318	1,925,814	40,804,132	4.00
5.01	00510	NONPATIENT TELEPHONES	385,808	35,427	421,235	417,791	839,026	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	0	0	27,244	27,244	5.03
5.04	00540	ADMITTING	793,475	4,613	798,088	1,224	799,312	5.04
5.05	00562	ADMIN & GENERAL - SURREY	531,006	217,217	748,223	-38,120	710,103	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	17,119,595	10,691,547	27,811,142	448,424	28,259,566	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,691,093	8,100,086	9,791,179	166,946	9,958,125	6.00
6.01	00601	PURCHASING	501,772	404,002	905,774	-92	905,682	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	208,321	400,297	608,618	-3,105	605,513	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	76,111	-107,775	-31,664	1,185,645	1,153,981	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	19,573	114,490	134,063	49	134,112	8.01
9.00	00900	HOUSEKEEPING	2,512,660	675,989	3,188,649	221,224	3,409,873	9.00
9.01	00901	HOUSEKEEPING - SURREY	242,489	58,031	300,520	-1,420	299,100	9.01
10.00	01000	DIETARY	2,144,764	431,239	2,576,003	925,850	3,501,853	10.00
10.01	01001	DIETARY - SURREY	666,500	588,899	1,255,399	949	1,256,348	10.01
11.00	01100	CAFETERIA	426,532	1,212,348	1,638,880	-1,149,699	489,181	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,307,906	49,564	1,357,470	959	1,358,429	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	215,341	6,087	221,428	132	221,560	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,258,668	2,089,934	3,348,602	-1,034,987	2,313,615	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,308,263	1,566,523	3,874,786	2,596	3,877,382	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	226,088	1,614	227,702	345	228,047	16.01
17.00	01700	SOCIAL SERVICE	692,776	74,825	767,601	586	768,187	17.00
17.01	01701	SOCIAL SERVICE - SURREY	88,259	38	88,297	92	88,389	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	728	728	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,206,090	0	2,206,090	0	2,206,090	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,502,928	443,131	1,946,059	-27,396	1,918,663	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	131,596	131,596	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	180,477	180,477	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,161,319	4,936,916	35,098,235	-5,239,991	29,858,244	30.00
31.00	03100	INTENSIVE CARE UNIT	3,967,330	409,958	4,377,288	-247,619	4,129,669	31.00
32.00	03200	CORONARY CARE UNIT	3,644,582	357,359	4,001,941	-166,132	3,835,809	32.00
43.00	04300	NURSERY	1,768,004	135,932	1,903,936	2,698,259	4,602,195	43.00
44.00	04400	SKILLED NURSING FACILITY	2,019,570	152,394	2,171,964	-47,784	2,124,180	44.00
46.00	04600	OTHER LONG TERM CARE	1,744,926	73,037	1,817,963	-11,757	1,806,206	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,567,061	28,877,963	41,445,024	-24,567,135	16,877,889	50.00
50.01	03650	VASCULAR ACCESS CENTER	411,555	1,051,571	1,463,126	-398,439	1,064,687	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	287,684	239,343	527,027	-68,589	458,438	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,300,560	1,505,040	2,805,600	-710,053	2,095,547	50.04
51.00	05100	RECOVERY ROOM	1,033,248	121,504	1,154,752	-73,251	1,081,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,612	29,612	1,141,249	1,170,861	52.00
53.00	05300	ANESTHESIOLOGY	305,933	1,287,561	1,593,494	-617,359	976,135	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,293,195	3,389,499	9,682,694	-1,655,973	8,026,721	54.00
54.01	05401	TDOC RADIOLOGY	310,724	207,180	517,904	-148,566	369,338	54.01
54.02	05402	CDI RADIOLOGY	1,428,942	9,690,690	11,119,632	-365,828	10,753,804	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	585,159	677,672	1,262,831	-631,841	630,990	57.00
57.01	05701	TDOC CT SCAN	137,159	112,588	249,747	-75,009	174,738	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	281,861	102,176	384,037	-54,910	329,127	58.00
58.01	05801	TDOC - MRI	218,567	88,541	307,108	-53,280	253,828	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,027,852	6,283,006	7,310,858	-6,022,898	1,287,960	59.00
60.00	06000	LABORATORY	4,189,798	6,633,743	10,823,541	-28,204	10,795,337	60.00
64.00	06400	INTRAVENOUS THERAPY	2,438,215	12,847,124	15,285,339	-373,136	14,912,203	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	371,862	21,225	393,087	-2,407	390,680	64.01
65.00	06500	RESPIRATORY THERAPY	1,836,810	165,280	2,002,090	-43,452	1,958,638	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	10,611	10,611	0	10,611	65.01
66.00	06600	PHYSICAL THERAPY	2,947,355	556,788	3,504,143	-52,213	3,451,930	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,170,074	11,338	1,181,412	45	1,181,457	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	57,454	873,252	930,706	-3,332	927,374	66.02
67.00	06700	OCCUPATIONAL THERAPY	469,594	14,330	483,924	-222	483,702	67.00
68.00	06800	SPEECH PATHOLOGY	197,239	2,131	199,370	-56	199,314	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/26/2013 12:35 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	
69.00	06900	ELECTROCARDIOLOGY	1,227,632	359,976	1,587,608	15,749	1,603,357	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	469,461	109,954	579,415	9,677	589,092	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	175,453	71,257	246,710	-2,180	244,530	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,569,704	662,853	3,232,557	26,547	3,259,104	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,928,106	13,928,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,216,568	23,216,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,039,894	13,847,722	16,887,616	-366,225	16,521,391	73.00
74.00	07400	RENAL DIALYSIS	365,431	76,213	441,644	895	442,539	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	170,038	30,737	200,775	347,324	548,099	76.01
76.02	03022	CARDIAC REHAB	1,695,247	168,754	1,864,001	-174,254	1,689,747	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	242,723	124,449	367,172	-96,897	270,275	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	859	859	0	859	90.00
91.00	09100	EMERGENCY	8,236,796	868,531	9,105,327	-241,362	8,863,965	91.00
91.01	09101	URGENT CARE CENTERS	7,611,996	2,106,142	9,718,138	226,835	9,944,973	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	104,833	48,057	152,890	112	153,002	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,827,031	1,367,751	4,194,782	-723,712	3,471,070	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,116,998	934,018	2,051,016	-159,117	1,891,899	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	151,185,772	198,947,674	350,133,446	-3,996,092	346,137,354	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,485	82,952	148,437	-72,743	75,694	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,113,059	3,169,639	5,282,698	3,980,146	9,262,844	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	252,051	224,518	476,569	244	476,813	194.01
194.02	07952	COMMUNITY OUTREACH	411,809	193,392	605,201	36,404	641,605	194.02
194.03	07953	FOUNTAIN CAFE	27,563	86,639	114,202	-74,234	39,968	194.03
194.04	07954	SLEEP RESEARCH	98,954	-98,953	1	104	105	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	298,515	12,259	310,774	224	310,998	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	635,845	1,354,290	1,990,135	499	1,990,634	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	59,302	30,469	89,771	52	89,823	194.12
194.13	07963	VOLUNTEERS	214,397	19,435	233,832	302	234,134	194.13
194.14	07964	RETAIL PHARMACY	704,376	4,029,073	4,733,449	19,009	4,752,458	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	294,437	84,220	378,657	177	378,834	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,559	2,186	3,745	2	3,747	194.16
194.17	07967	VALET SERVICES	30,400	104	30,504	105,906	136,410	194.17
200.00		TOTAL (SUM OF LINES 118-199)	156,393,524	208,137,897	364,531,421	0	364,531,421	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-325,846	8,902,993		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,617,632	14,414,220		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-16,508	556,152		2.01
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-242,155	40,561,977		4.00
5.01	00510	NONPATIENT TELEPHONES	-211,853	627,173		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	27,244		5.03
5.04	00540	ADMITTING	-45	799,267		5.04
5.05	00562	ADMIN & GENERAL - SURREY	-48,765	661,338		5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	1,607,032	29,866,598		5.06
6.00	00600	MAINTENANCE & REPAIRS	-707	9,957,418		6.00
6.01	00601	PURCHASING	-60	905,622		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-1,739	603,774		6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,153,981		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	134,112		8.01
9.00	00900	HOUSEKEEPING	-1,285	3,408,588		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	299,100		9.01
10.00	01000	DIETARY	-1,784,074	1,717,779		10.00
10.01	01001	DIETARY - SURREY	-9,108	1,247,240		10.01
11.00	01100	CAFETERIA	-210	488,971		11.00
11.01	01101	CAFETERIA - SURREY	0	0		11.01
13.00	01300	NURSING ADMINISTRATION	-6,564	1,351,865		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-1,492	220,068		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-97	2,313,518		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-924	3,876,458		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	-65	227,982		16.01
17.00	01700	SOCIAL SERVICE	0	768,187		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	88,389		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	-728	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,206,090		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-582,358	1,336,305		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	-2,683	128,913		23.01
23.02	02302	PHARMACY EDUCATION	0	180,477		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,878,312	22,979,932		30.00
31.00	03100	INTENSIVE CARE UNIT	-1,434,749	2,694,920		31.00
32.00	03200	CORONARY CARE UNIT	-1,123,013	2,712,796		32.00
43.00	04300	NURSERY	-50,020	4,552,175		43.00
44.00	04400	SKILLED NURSING FACILITY	-120	2,124,060		44.00
46.00	04600	OTHER LONG TERM CARE	-182	1,806,024		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,067,346	15,810,543		50.00
50.01	03650	VASCULAR ACCESS CENTER	-301,720	762,967		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-94,280	364,158		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-197,541	1,898,006		50.04
51.00	05100	RECOVERY ROOM	0	1,081,501		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,170,861		52.00
53.00	05300	ANESTHESIOLOGY	-467,235	508,900		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-321,940	7,704,781		54.00
54.01	05401	TDOC RADIOLOGY	0	369,338		54.01
54.02	05402	CDI RADIOLOGY	-3,147,455	7,606,349		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	-23,814	607,176		57.00
57.01	05701	TDOC CT SCAN	-5,355	169,383		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	329,127		58.00
58.01	05801	TDOC - MRI	0	253,828		58.01
59.00	05900	CARDIAC CATHETERIZATION	-2,067	1,285,893		59.00
60.00	06000	LABORATORY	-170,348	10,624,989		60.00
64.00	06400	INTRAVENOUS THERAPY	-434,230	14,477,973		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-289,128	101,552		64.01
65.00	06500	RESPIRATORY THERAPY	0	1,958,638		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	10,611		65.01
66.00	06600	PHYSICAL THERAPY	-135,234	3,316,696		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	-134	1,181,323		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-95,583	831,791		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	483,702		67.00
68.00	06800	SPEECH PATHOLOGY	-400	198,914		68.00
69.00	06900	ELECTROCARDIOLOGY	-79,194	1,524,163		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	589,092		69.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	-45,687	198,843		70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,273,570	1,985,534		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,928,106		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,216,568		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-36,576	16,484,815		73.00
74.00	07400	RENAL DIALYSIS	0	442,539		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	-26,614	521,485		76.01
76.02	03022	CARDIAC REHAB	-172,264	1,517,483		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-42	270,233		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	859		90.00
91.00	09100	EMERGENCY	-5,091,812	3,772,153		91.00
91.01	09101	URGENT CARE CENTERS	-3,523,424	6,421,549		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-49,474	103,528		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	-24,514	3,446,556		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-24,833	1,867,066		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,836,076	315,301,278		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,694		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	279,357	9,542,201		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	DEVELOPMENT	-12,070	464,743		194.01
194.02	07952	COMMUNITY OUTREACH	120,309	761,914		194.02
194.03	07953	FOUNTAIN CAFE	-4,611	35,357		194.03
194.04	07954	SLEEP RESEARCH	162,574	162,679		194.04
194.05	07955	MEALS ON WHEELS	0	0		194.05
194.06	07956	GUEST MEALS	0	0		194.06
194.07	07957	PHYSICIAN REFERRAL	-6,656	304,342		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	07959	VACANT SPACE	0	0		194.09
194.10	07960	TV STORAGE	0	0		194.10
194.11	07961	MARKETING	0	1,990,634		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	89,823		194.12
194.13	07963	VOLUNTEERS	0	234,134		194.13
194.14	07964	RETAIL PHARMACY	-23,679	4,728,779		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	23,425	402,259		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	3,747		194.16
194.17	07967	VALET SERVICES	0	136,410		194.17
200.00		TOTAL (SUM OF LINES 118-199)	-30,297,427	334,233,994		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	00201		2.01
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	00560		5.02
5.03	NONPATIENT TELEPHONES - SURREY	00511		5.03
5.04	ADMITTING	00540		5.04
5.05	ADMIN & GENERAL - SURREY	00562		5.05
5.06	ADMIN & GENERAL - HOSPITAL	00563		5.06
6.00	MAINTENANCE & REPAIRS	00600		6.00
6.01	PURCHASING	00601		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	00602		6.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	00801		8.01
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING - SURREY	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY - SURREY	01001		10.01
11.00	CAFETERIA	01100		11.00
11.01	CAFETERIA - SURREY	01101		11.01
13.00	NURSING ADMINISTRATION	01300		13.00
13.01	NURSING ADMINISTRATION - SURREY	01301		13.01
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	01601		16.01
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE - SURREY	01701		17.01
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	CLINICAL PASTORAL EDUCATION	02301		23.01
23.02	PHARMACY EDUCATION	02302		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
50.01	VASCULAR ACCESS CENTER	03650		50.01
50.02	PAIN MGMT - BRAIN & SPINE	05001		50.02
50.03	PAIN MGMT CENTER	05002		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	03340		50.04
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	TDOC RADIOLOGY	05401		54.01
54.02	CDI RADIOLOGY	05402		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
57.01	TDOC CT SCAN	05701		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
58.01	TDOC - MRI	05801		58.01
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	BRAIN & SPINE INFUSION CENTER	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	RESPIRATORY THERAPY - SURREY	06501		65.01
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY - SURREY	06601		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	06602		66.02
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00

COST CENTERS USED IN COST REPORT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	TDOC - ELECTROCARDIOLOGY	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP MEDICINE CLINIC	07001		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES EDUCATION	03020		76.00
76.01	NUTRITION/DIABETES EDUCATION	03021		76.01
76.02	CARDIAC REHAB	03022		76.02
76.03	HYPERBARIC OXYGEN THERAPY	03950		76.03
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
91.01	URGENT CARE CENTERS	09101		91.01
91.02	ADULT DOWN SYNDROME CENTER	04950		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01	DEVELOPMENT	07951		194.01
194.02	COMMUNITY OUTREACH	07952		194.02
194.03	FOUNTAIN CAFE	07953		194.03
194.04	SLEEP RESEARCH	07954		194.04
194.05	MEALS ON WHEELS	07955		194.05
194.06	GUEST MEALS	07956		194.06
194.07	PHYSICIAN REFERRAL	07957		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	07958		194.08
194.09	VACANT SPACE	07959		194.09
194.10	TV STORAGE	07960		194.10
194.11	MARKETING	07961		194.11
194.12	CHILDBIRTH INSTRUCTION	07962		194.12
194.13	VOLUNTEERS	07963		194.13
194.14	RETAIL PHARMACY	07964		194.14
194.15	REHAB HOSPITAL COVERAGE	07965		194.15
194.16	EXECUTIVE HEALTH PROGRAM	07966		194.16
194.17	VALET SERVICES	07967		194.17
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES RECLASSIFICATION					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	656,313		1.00
	TOTALS		0	656,313		
	B - NUTRITIONAL/DIABETIC EDUCATION					
1.00	NUTRITION/DIABETES EDUCATION	76.01	346,868	0		1.00
	TOTALS		346,868	0		
	C - EMPLOYEE BENEFITS RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS	4.00	0	1,043,379		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	1,043,379		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,185,500		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	TOTALS		0	1,185,500		
	E - LEASE/RENTAL RECLASSIFICATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,359,405		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	21,838		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	6,092		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
	TOTALS		0	1,387,335		
	F - INSURANCE AND FEE RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	3,732,741		1.00
	TOTALS		0	3,732,741		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center	Increases Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	G - TELEPHONE EXPENSE RECLASSIFICATION				
1.00	NONPATIENT TELEPHONES	5.01	0	417,205	1.00
2.00	NONPATIENT TELEPHONES - SURREY	5.03	0	27,244	2.00
	TOTALS		0	444,449	
	H - DEPRECIATION RECLASS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,682,307	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	1,036	2.00
3.00	VASCULAR ACCESS CENTER	50.01	0	81,579	3.00
4.00	LABORATORY	60.00	0	33,826	4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0	40,551	5.00
6.00	URGENT CARE CENTERS	91.01	0	309,159	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,933,623	7.00
	TOTALS		0	11,082,081	
	I - BOND INTEREST RECLASSIFICATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,230,849	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	144,858	2.00
	TOTALS		0	1,375,707	
	J - CRNA RECLASSIFICATION				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	728	1.00
	TOTALS		0	728	
	K - CLINICAL PASTORAL EDUCATION				
1.00	CLINICAL PASTORAL EDUCATION	23.01	86,218	45,275	1.00
	TOTALS		86,218	45,275	
	L - SECURITRY RECLASSIFICATION				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	105,121	0	1.00
	TOTALS		105,121	0	
	M - MAINT AND HOUSEKEEPING RECLASS				
1.00	MAINTENANCE & REPAIRS	6.00	0	177,195	1.00
2.00	HOUSEKEEPING	9.00	178,514	37,837	2.00
	TOTALS		178,514	215,032	
	N - MOB PROPERTY TAX RECLASSIFICATION				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,070,000	1.00
	TOTALS		0	1,070,000	
	O - PROPERTY INSURANCE RECLASSIFICATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	315,683	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	11,284	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	95,193	3.00
	TOTALS		0	422,160	
	P - WORKMAN'S COMPENSATION EXPENSE				
1.00	EMPLOYEE BENEFITS	4.00	0	1,007,819	1.00
	TOTALS		0	1,007,819	
	R - CAFETERIA RECLASSIFICATION				
1.00	DIETARY	10.00	0	1,275,325	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	1,275,325	
	S - EPOETIN EXPENSE RECLASSIFICATION				
1.00	RENAL DIALYSIS	74.00	0	11,030	1.00
	TOTALS		0	11,030	
	T - LOAN FORGIVENESS RECLASSIFICATION				
1.00	EMPLOYEE BENEFITS	4.00	450,031	0	1.00
	TOTALS		450,031	0	
	U - AUDIO VISUAL RECLASSIFICATION				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	22,134	3,378	1.00
2.00	COMMUNITY OUTREACH	194.02	31,026	4,736	2.00
	TOTALS		53,160	8,114	
	V - PHARMACY EDUCATION RECLASSIFICATION				
1.00	PHARMACY EDUCATION	23.02	180,324	0	1.00
	TOTALS		180,324	0	
	W - LDRP ROUTINE EXPENSE RECLASS				
1.00	NURSERY	43.00	2,406,392	308,615	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,017,319	130,469	2.00
	TOTALS		3,423,711	439,084	
	X - PHYSICIAN TEACHING RECLASSIFICATION				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	32,948	1.00
2.00	ADULTS & PEDIATRICS	30.00	214,309	0	2.00
3.00	ELECTROCARDIOLOGY	69.00	39,187	6,215	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 | Date/Time Prepared: 11/26/2013 12:35 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	TOTALS		253,496	39,163	
	Y - SUPERVISOR ALLOCATION RECLASS				
1.00	TDOC RADIOLOGY	54.01	43,633	0	1.00
2.00	TDOC CT SCAN	57.01	15,433	0	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	23,731	0	3.00
4.00	TDOC - MRI	58.01	18,978	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	133,771	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	9,582	0	6.00
7.00	TDOC - ELECTROCARDIOLOGY	69.01	26,667	0	7.00
8.00	RETAIL PHARMACY	194.14	36,508	0	8.00
	TOTALS		308,303	0	
	Z - VALET RECLASS				
1.00	VALET SERVICES	194.17	105,642	0	1.00
	TOTALS		105,642	0	
	AA - PATIENT BILLING RECLASSIFICATION				
1.00	ADMIN & GENERAL - HOSPITAL	5.06	57,502	31,225	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		57,502	31,225	
	AB - MERCY CLINICAL ENGINEERING RECLASS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,423	1.00
2.00	COMMUNITY OUTREACH	194.02	0	349	2.00
3.00	VOLUNTEERS	194.13	0	80	3.00
	TOTALS		0	11,852	
	AC - SUPPLY & IMPLANT RECLASSIFICATION				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,271,793	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,216,568	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	36,488,361	
	AD - HOLIDAY GIFT CARD RECLASSIFICATION				
1.00	EMPLOYEE BENEFITS	4.00	898	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	586	0	2.00
3.00	ADMITTING	5.04	1,224	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	408	0	4.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,873	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,603	0	6.00
7.00	PURCHASING	6.01	503	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	209	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	145	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49	0	10.00
11.00	HOUSEKEEPING	9.00	5,002	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	457	0	12.00
13.00	DIETARY	10.00	2,990	0	13.00
14.00	DIETARY - SURREY	10.01	1,248	0	14.00
15.00	CAFETERIA	11.00	755	0	15.00
16.00	NURSING ADMINISTRATION	13.00	959	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	132	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,797	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,596	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	345	0	20.00
21.00	SOCIAL SERVICE	17.00	586	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	92	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,138	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	103	0	24.00
25.00	PHARMACY EDUCATION	23.02	153	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,770	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,935	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,151	0	28.00
29.00	NURSERY	43.00	3,219	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,395	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,220	0	31.00
32.00	OPERATING ROOM	50.00	8,402	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	295	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	274	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,058	0	35.00
36.00	RECOVERY ROOM	51.00	810	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	861	0	37.00
38.00	ANESTHESIOLOGY	53.00	366	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,662	0	39.00
40.00	TDOC RADIOLOGY	54.01	277	0	40.00
41.00	CDI RADIOLOGY	54.02	1,042	0	41.00
42.00	CT SCAN	57.00	450	0	42.00
43.00	TDOC CT SCAN	57.01	114	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	248	0	44.00
45.00	TDOC - MRI	58.01	182	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	837	0	46.00
47.00	LABORATORY	60.00	4,329	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,404	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	63	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,712	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,653	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	973	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	102	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	448	0	54.00
55.00	SPEECH PATHOLOGY	68.00	138	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,094	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	455	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	159	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,671	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	1,804	0	60.00
61.00	RENAL DIALYSIS	74.00	205	0	61.00
62.00	NUTRITION/DIABETES EDUCATION	76.01	464	0	62.00
63.00	CARDIAC REHAB	76.02	1,284	0	63.00
64.00	HYPERBARIC OXYGEN THERAPY	76.03	224	0	64.00
65.00	EMERGENCY	91.00	3,316	0	65.00
66.00	URGENT CARE CENTERS	91.01	3,635	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	112	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,132	0	68.00
69.00	HOSPICE	116.00	976	0	69.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
70.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	121	0	70.00
71.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,273	0	71.00
72.00	DEVELOPMENT	194.01	244	0	72.00
73.00	COMMUNITY OUTREACH	194.02	293	0	73.00
74.00	FOUNTAIN CAFE	194.03	55	0	74.00
75.00	SLEEP RESEARCH	194.04	104	0	75.00
76.00	PHYSICIAN REFERRAL	194.07	224	0	76.00
77.00	MARKETING	194.11	499	0	77.00
78.00	CHILDBIRTH INSTRUCTION	194.12	52	0	78.00
79.00	VOLUNTEERS	194.13	222	0	79.00
80.00	RETAIL PHARMACY	194.14	563	0	80.00
81.00	REHAB HOSPITAL COVERAGE	194.15	177	0	81.00
82.00	EXECUTIVE HEALTH PROGRAM	194.16	2	0	82.00
83.00	VALET SERVICES	194.17	264	0	83.00
	TOTALS		123,865	0	
500.00	Grand Total: Increases		5,672,755	61,972,673	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SUPPLIES RECLASSIFICATION						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	656,313	0		1.00
	TOTALS		0	656,313			
	B - NUTRITIONAL/DIABETIC EDUCATION						
1.00	DIETARY	10.00	346,868	0	0		1.00
	TOTALS		346,868	0			
	C - EMPLOYEE BENEFITS RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	22,586	0		1.00
2.00	CDI RADIOLOGY	54.02	0	335,645	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	685,148	0		3.00
	TOTALS		0	1,043,379			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	0	2,417	0		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	194	0		2.00
3.00	HOUSEKEEPING - SURREY	9.01	0	1,877	0		3.00
4.00	DIETARY	10.00	0	5,597	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,082	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	542,900	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	28,562	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	42,672	0		8.00
9.00	OPERATING ROOM	50.00	0	164,968	0		9.00
10.00	VASCULAR ACCESS CENTER	50.01	0	18,365	0		10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	34,064	0		11.00
12.00	RECOVERY ROOM	51.00	0	19,090	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,101	0		13.00
14.00	TDOC RADIOLOGY	54.01	0	10,883	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,560	0		15.00
16.00	TDOC - MRI	58.01	0	8,073	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	11,719	0		17.00
18.00	LABORATORY	60.00	0	1,045	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	5,887	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	38,641	0		20.00
21.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	2,172	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	11,695	0		22.00
23.00	TDOC - ELECTROCARDIOLOGY	69.01	0	13,270	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,163	0		24.00
25.00	RENAL DIALYSIS	74.00	0	1,772	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.03	0	11,859	0		26.00
27.00	EMERGENCY	91.00	0	79,255	0		27.00
28.00	URGENT CARE CENTERS	91.01	0	22,554	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,063	0		29.00
	TOTALS		0	1,185,500			
	E - LEASE/RENTAL RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	50,315	10		1.00
2.00	PURCHASING	6.01	0	595	10		2.00
3.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	3,314	0		3.00
4.00	HOUSEKEEPING	9.00	0	129	0		4.00
5.00	DIETARY - SURREY	10.01	0	299	0		5.00
6.00	CAFETERIA	11.00	0	17,078	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	364,389	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	11,266	0		8.00
9.00	OTHER LONG TERM CARE	46.00	0	6,959	0		9.00
10.00	OPERATING ROOM	50.00	0	27,687	0		10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	270,465	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	657	0		12.00
13.00	TDOC RADIOLOGY	54.01	0	165	0		13.00
14.00	CT SCAN	57.00	0	451,025	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,704	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	75	0		16.00
17.00	SLEEP MEDICINE CLINIC	70.01	0	5,625	0		17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,787	0		18.00
19.00	HOSPICE	116.00	0	143,287	0		19.00
20.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,295	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,248	0		21.00
22.00	FOUNTAIN CAFE	194.03	0	2,909	0		22.00
23.00	RETAIL PHARMACY	194.14	0	18,062	0		23.00
	TOTALS		0	1,387,335			

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	F - INSURANCE AND FEE RECLASSIFICATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,732,741	12	1.00
	TOTALS		0	3,732,741		
	G - TELEPHONE EXPENSE RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	417,205	0	1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	27,244	0	2.00
	TOTALS		0	444,449		
	H - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,082,081	9	1.00
2.00		0.00	0	0	9	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
	TOTALS		0	11,082,081		
	I - BOND INTEREST RECLASSIFICATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,375,707	11	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	1,375,707		
	J - CRNA RECLASSIFICATION					
1.00	ANESTHESIOLOGY	53.00	0	728	0	1.00
	TOTALS		0	728		
	K - CLINICAL PASTORAL EDUCATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	86,218	45,275	0	1.00
	TOTALS		86,218	45,275		
	L - SECURITRY RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	105,121	0	0	1.00
	TOTALS		105,121	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	178,514	215,032	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		178,514	215,032		
	N - MOB PROPERTY TAX RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,070,000	0	1.00
	TOTALS		0	1,070,000		
	O - PROPERTY INSURANCE RECLASSIFICATION					
1.00	ADMIN & GENERAL - SURREY	5.05	0	11,284	12	1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	410,876	12	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	422,160		
	P - WORKMAN'S COMPENSATION EXPENSE					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,007,819	0	1.00
	TOTALS		0	1,007,819		
	R - CAFETERIA RECLASSIFICATION					
1.00	CAFETERIA	11.00	0	1,133,376	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	70,569	0	2.00
3.00	FOUNTAIN CAFE	194.03	0	71,380	0	3.00
	TOTALS		0	1,275,325		
	S - EPOETIN EXPENSE RECLASSIFICATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,030	0	1.00
	TOTALS		0	11,030		
	T - LOAN FORGIVENESS RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS	4.00	0	450,031	0	1.00
	TOTALS		0	450,031		
	U - AUDIO VISUAL RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	53,160	8,114	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		53,160	8,114		
	V - PHARMACY EDUCATION RECLASSIFICATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	180,324	0	0	1.00
	TOTALS		180,324	0		
	W - LDRP ROUTINE EXPENSE RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	3,423,711	439,084	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		3,423,711	439,084		
	X - PHYSICIAN TEACHING RECLASSIFICATION					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	1,155	237	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	62,482	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,041	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	68,518	7,009	0	4.00
5.00	CORONARY CARE UNIT	32.00	28,772	3,610	0	5.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	LABORATORY	60.00	0	2,896	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	33,863	11,077	0	7.00
8.00	EMERGENCY	91.00	58,706	10,293	0	8.00
	TOTALS		253,496	39,163		
	Y - SUPERVISOR ALLOCATION RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	93,694	0	0	1.00
2.00	CT SCAN	57.00	8,080	0	0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	36,508	0	0	3.00
4.00	CARDIAC REHAB	76.02	170,021	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
	TOTALS		308,303	0		
	Z - VALET RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	105,642	0	0	1.00
	TOTALS		105,642	0		
	AA - PATIENT BILLING RECLASSIFICATION					
1.00	CDI RADIOLOGY	54.02	0	31,225	0	1.00
2.00	HOME HEALTH AGENCY	101.00	40,696	0	0	2.00
3.00	HOSPICE	116.00	16,806	0	0	3.00
	TOTALS		57,502	31,225		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	11,852	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	11,852		
	AC - SUPPLY & IMPLANT RECLASSIFICATION					
1.00	ADULTS & PEDIATRICS	30.00	0	1,071,426	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	145,465	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	93,229	0	3.00
4.00	NURSERY	43.00	0	19,967	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	0	38,913	0	5.00
6.00	OTHER LONG TERM CARE	46.00	0	7,018	0	6.00
7.00	OPERATING ROOM	50.00	0	24,382,882	0	7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	461,948	0	8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	68,863	0	9.00
10.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	406,582	0	10.00
11.00	RECOVERY ROOM	51.00	0	54,971	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,400	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	616,997	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,501,183	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,329	0	15.00
16.00	TDOC - MRI	58.01	0	64,367	0	16.00
17.00	CT SCAN	57.00	0	173,186	0	17.00
18.00	TDOC CT SCAN	57.01	0	90,556	0	18.00
19.00	TDOC RADIOLOGY	54.01	0	181,428	0	19.00
20.00	LABORATORY	60.00	0	62,418	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	368,653	0	21.00
22.00	BRAIN & SPINE INFUSION CENTER	64.01	0	2,470	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	42,460	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	16,150	0	24.00
25.00	PHYSICAL THERAPY - SURREY	66.01	0	928	0	25.00
26.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	1,262	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	670	0	27.00
28.00	SPEECH PATHOLOGY	68.00	0	194	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	28,634	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	6,100,847	0	30.00
31.00	TDOC - ELECTROCARDIOLOGY	69.01	0	4,175	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,176	0	32.00
33.00	SLEEP MEDICINE CLINIC	70.01	0	10,050	0	33.00
34.00	DRUGS CHARGED TO PATIENTS	73.00	0	138,380	0	34.00
35.00	RENAL DIALYSIS	74.00	0	8,568	0	35.00
36.00	NUTRITION/DIABETES EDUCATION	76.01	0	8	0	36.00
37.00	CARDIAC REHAB	76.02	0	5,517	0	37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	85,262	0	38.00
39.00	EMERGENCY	91.00	0	96,424	0	39.00
40.00	URGENT CARE CENTERS	91.01	0	63,405	0	40.00
	TOTALS		0	36,488,361		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 | Date/Time Prepared: 11/26/2013 12:35 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	AD - HOLIDAY GIFT CARD RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS	4.00	0	123,865	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
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
55.00		0.00	0	0	0	55.00
56.00		0.00	0	0	0	56.00
57.00		0.00	0	0	0	57.00
58.00		0.00	0	0	0	58.00
59.00		0.00	0	0	0	59.00
60.00		0.00	0	0	0	60.00
61.00		0.00	0	0	0	61.00
62.00		0.00	0	0	0	62.00
63.00		0.00	0	0	0	63.00
64.00		0.00	0	0	0	64.00
65.00		0.00	0	0	0	65.00
66.00		0.00	0	0	0	66.00
67.00		0.00	0	0	0	67.00
68.00		0.00	0	0	0	68.00
69.00		0.00	0	0	0	69.00
70.00		0.00	0	0	0	70.00
71.00		0.00	0	0	0	71.00
72.00		0.00	0	0	0	72.00
73.00		0.00	0	0	0	73.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
74.00		0.00	0	0	0	74.00
75.00		0.00	0	0	0	75.00
76.00		0.00	0	0	0	76.00
77.00		0.00	0	0	0	77.00
78.00		0.00	0	0	0	78.00
79.00		0.00	0	0	0	79.00
80.00		0.00	0	0	0	80.00
81.00		0.00	0	0	0	81.00
82.00		0.00	0	0	0	82.00
83.00		0.00	0	0	0	83.00
	TOTALS		0	123,865		
500.00	Grand Total: Decreases		5,098,859	62,546,569		500.00

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - SUPPLIES RECLASSIFICATION						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		0	TOTALS		0	
	B - NUTRITIONAL/DIABETIC EDUCATION						
1.00	NUTRITION/DIABETES EDUCATION	76.01	346,868	DIETARY	10.00	346,868	1.00
	TOTALS		346,868	TOTALS		346,868	
	C - EMPLOYEE BENEFITS RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
2.00		0.00	0	CDI RADIOLOGY	54.02	0	2.00
3.00		0.00	0	HOME HEALTH AGENCY	101.00	0	3.00
	TOTALS		0	TOTALS		0	
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00		0.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	2.00
3.00		0.00	0	HOUSEKEEPING - SURREY	9.01	0	3.00
4.00		0.00	0	DIETARY	10.00	0	4.00
5.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	6.00
7.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	7.00
8.00		0.00	0	CORONARY CARE UNIT	32.00	0	8.00
9.00		0.00	0	OPERATING ROOM	50.00	0	9.00
10.00		0.00	0	VASCULAR ACCESS CENTER	50.01	0	10.00
11.00		0.00	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	11.00
12.00		0.00	0	RECOVERY ROOM	51.00	0	12.00
13.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00		0.00	0	TDOC RADIOLOGY	54.01	0	14.00
15.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15.00
16.00		0.00	0	TDOC - MRI	58.01	0	16.00
17.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	17.00
18.00		0.00	0	LABORATORY	60.00	0	18.00
19.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	19.00
20.00		0.00	0	PHYSICAL THERAPY	66.00	0	20.00
21.00		0.00	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	21.00
22.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	22.00
23.00		0.00	0	TDOC - ELECTROCARDIOLOGY	69.01	0	23.00
24.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	24.00
25.00		0.00	0	RENAL DIALYSIS	74.00	0	25.00
26.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.03	0	26.00
27.00		0.00	0	EMERGENCY	91.00	0	27.00
28.00		0.00	0	URGENT CARE CENTERS	91.01	0	28.00
29.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	29.00
	TOTALS		0	TOTALS		0	
	E - LEASE/RENTAL RECLASSIFICATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	PURCHASING	6.01	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	MAINTENANCE & REPAIRS - SURREY	6.02	0	3.00
4.00		0.00	0	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	0	DIETARY - SURREY	10.01	0	5.00
6.00		0.00	0	CAFETERIA	11.00	0	6.00
7.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	7.00
8.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	8.00
9.00		0.00	0	OTHER LONG TERM CARE	46.00	0	9.00
10.00		0.00	0	OPERATING ROOM	50.00	0	10.00
11.00		0.00	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	11.00
12.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	12.00
13.00		0.00	0	TDOC RADIOLOGY	54.01	0	13.00
14.00		0.00	0	CT SCAN	57.00	0	14.00
15.00		0.00	0	RESPIRATORY THERAPY	65.00	0	15.00
16.00		0.00	0	PHYSICAL THERAPY	66.00	0	16.00
17.00		0.00	0	SLEEP MEDICINE CLINIC	70.01	0	17.00
18.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	18.00
19.00		0.00	0	HOSPICE	116.00	0	19.00
20.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	20.00
21.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	21.00
22.00		0.00	0	FOUNTAIN CAFE	194.03	0	22.00
23.00		0.00	0	RETAIL PHARMACY	194.14	0	23.00
	TOTALS		0	TOTALS		0	

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	F - INSURANCE AND FEE RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
	TOTALS		0	TOTALS		0	
	G - TELEPHONE EXPENSE RECLASSIFICATION						
1.00	NONPATIENT TELEPHONES	5.01	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
2.00	NONPATIENT TELEPHONES - SURREY	5.03	0	ADMIN & GENERAL - SURREY	5.05	0	2.00
	TOTALS		0	TOTALS		0	
	H - DEPRECIATION RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0		0.00	0	2.00
3.00	VASCULAR ACCESS CENTER	50.01	0		0.00	0	3.00
4.00	LABORATORY	60.00	0		0.00	0	4.00
5.00	SLEEP MEDICINE CLINIC	70.01	0		0.00	0	5.00
6.00	URGENT CARE CENTERS	91.01	0		0.00	0	6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	7.00
	TOTALS		0	TOTALS		0	
	I - BOND INTEREST RECLASSIFICATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	2.00
	TOTALS		0	TOTALS		0	
	J - CRNA RECLASSIFICATION						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	ANESTHESIOLOGY	53.00	0	1.00
	TOTALS		0	TOTALS		0	
	K - CLINICAL PASTORAL EDUCATION						
1.00	CLINICAL PASTORAL EDUCATION	23.01	86,218	ADMIN & GENERAL - HOSPITAL	5.06	86,218	1.00
	TOTALS		86,218	TOTALS		86,218	
	L - SECURITRY RECLASSIFICATION						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	105,121	ADMIN & GENERAL - HOSPITAL	5.06	105,121	1.00
	TOTALS		105,121	TOTALS		105,121	
	M - MAINT AND HOUSEKEEPING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	178,514	1.00
2.00	HOUSEKEEPING	9.00	178,514		0.00	0	2.00
	TOTALS		178,514	TOTALS		178,514	
	N - MOB PROPERTY TAX RECLASSIFICATION						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	O - PROPERTY INSURANCE RECLASSIFICATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMIN & GENERAL - SURREY	5.05	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	ADMIN & GENERAL - HOSPITAL	5.06	0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	P - WORKMAN'S COMPENSATION EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	ADMIN & GENERAL - HOSPITAL	5.06	0	1.00
	TOTALS		0	TOTALS		0	
	R - CAFETERIA RECLASSIFICATION						
1.00	DIETARY	10.00	0	CAFETERIA	11.00	0	1.00
2.00		0.00	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2.00
3.00		0.00	0	FOUNTAIN CAFE	194.03	0	3.00
	TOTALS		0	TOTALS		0	
	S - EPOETIN EXPENSE RECLASSIFICATION						
1.00	RENAL DIALYSIS	74.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	1.00
	TOTALS		0	TOTALS		0	
	T - LOAN FORGIVENESS RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	450,031	EMPLOYEE BENEFITS	4.00	0	1.00
	TOTALS		450,031	TOTALS		0	
	U - AUDIO VISUAL RECLASSIFICATION						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	22,134	ADMIN & GENERAL - HOSPITAL	5.06	53,160	1.00
2.00	COMMUNITY OUTREACH	194.02	31,026		0.00	0	2.00
	TOTALS		53,160	TOTALS		53,160	
	V - PHARMACY EDUCATION RECLASSIFICATION						
1.00	PHARMACY EDUCATION	23.02	180,324	DRUGS CHARGED TO PATIENTS	73.00	180,324	1.00
	TOTALS		180,324	TOTALS		180,324	
	W - LDRP ROUTINE EXPENSE RECLASS						
1.00	NURSERY	43.00	2,406,392	ADULTS & PEDIATRICS	30.00	3,423,711	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,017,319		0.00	0	2.00
	TOTALS		3,423,711	TOTALS		3,423,711	
	X - PHYSICIAN TEACHING RECLASSIFICATION						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	ADMIN & GENERAL - HOSPITAL	5.06	1,155	1.00
2.00	ADULTS & PEDIATRICS	30.00	214,309	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	62,482	2.00
3.00	ELECTROCARDIOLOGY	69.00	39,187	ADULTS & PEDIATRICS	30.00	0	3.00

RECLASSIFICATIONS

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	68,518	4.00
5.00		0.00	0	CORONARY CARE UNIT	32.00	28,772	5.00
6.00		0.00	0	LABORATORY	60.00	0	6.00
7.00		0.00	0	CARDIAC CATHETERIZATION	59.00	33,863	7.00
8.00		0.00	0	EMERGENCY	91.00	58,706	8.00
	TOTALS		253,496	TOTALS		253,496	
	Y - SUPERVISOR ALLOCATION RECLASS						
1.00	TDOC RADIOLOGY	54.01	43,633	RADIOLOGY-DIAGNOSTIC	54.00	93,694	1.00
2.00	TDOC CT SCAN	57.01	15,433	CT SCAN	57.00	8,080	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	23,731	DRUGS CHARGED TO PATIENTS	73.00	36,508	3.00
4.00	TDOC - MRI	58.01	18,978	CARDIAC REHAB	76.02	170,021	4.00
5.00	CARDIAC CATHETERIZATION	59.00	133,771		0.00	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	9,582		0.00	0	6.00
7.00	TDOC - ELECTROCARDIOLOGY	69.01	26,667		0.00	0	7.00
8.00	RETAIL PHARMACY	194.14	36,508		0.00	0	8.00
	TOTALS		308,303	TOTALS		308,303	
	Z - VALET RECLASS						
1.00	VALET SERVICES	194.17	105,642	ADMIN & GENERAL - HOSPITAL	5.06	105,642	1.00
	TOTALS		105,642	TOTALS		105,642	
	AA - PATIENT BILLING RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	57,502	CDI RADIOLOGY	54.02	0	1.00
2.00		0.00	0	HOME HEALTH AGENCY	101.00	40,696	2.00
3.00		0.00	0	HOSPICE	116.00	16,806	3.00
	TOTALS		57,502	TOTALS		57,502	
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	MAINTENANCE & REPAIRS	6.00	0	1.00
2.00	COMMUNITY OUTREACH	194.02	0		0.00	0	2.00
3.00	VOLUNTEERS	194.13	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
	AC - SUPPLY & IMPLANT RECLASSIFICATION						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	ADULTS & PEDIATRICS	30.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	INTENSIVE CARE UNIT	31.00	0	2.00
3.00		0.00	0	CORONARY CARE UNIT	32.00	0	3.00
4.00		0.00	0	NURSERY	43.00	0	4.00
5.00		0.00	0	SKILLED NURSING FACILITY	44.00	0	5.00
6.00		0.00	0	OTHER LONG TERM CARE	46.00	0	6.00
7.00		0.00	0	OPERATING ROOM	50.00	0	7.00
8.00		0.00	0	VASCULAR ACCESS CENTER	50.01	0	8.00
9.00		0.00	0	PAIN MGMT - BRAIN & SPINE	50.02	0	9.00
10.00		0.00	0	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	10.00
11.00		0.00	0	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0	12.00
13.00		0.00	0	ANESTHESIOLOGY	53.00	0	13.00
14.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	14.00
15.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15.00
16.00		0.00	0	TDOC - MRI	58.01	0	16.00
17.00		0.00	0	CT SCAN	57.00	0	17.00
18.00		0.00	0	TDOC CT SCAN	57.01	0	18.00
19.00		0.00	0	TDOC RADIOLOGY	54.01	0	19.00
20.00		0.00	0	LABORATORY	60.00	0	20.00
21.00		0.00	0	INTRAVENOUS THERAPY	64.00	0	21.00
22.00		0.00	0	BRAIN & SPINE INFUSION CENTER	64.01	0	22.00
23.00		0.00	0	RESPIRATORY THERAPY	65.00	0	23.00
24.00		0.00	0	PHYSICAL THERAPY	66.00	0	24.00
25.00		0.00	0	PHYSICAL THERAPY - SURREY	66.01	0	25.00
26.00		0.00	0	THERAPY SVCS - BRAIN & SPINE	66.02	0	26.00
27.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	27.00
28.00		0.00	0	SPEECH PATHOLOGY	68.00	0	28.00
29.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	29.00
30.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0	30.00
31.00		0.00	0	TDOC - ELECTROCARDIOLOGY	69.01	0	31.00
32.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0	32.00
33.00		0.00	0	SLEEP MEDICINE CLINIC	70.01	0	33.00
34.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0	34.00
35.00		0.00	0	RENAL DIALYSIS	74.00	0	35.00
36.00		0.00	0	NUTRITION/DIABETES EDUCATION	76.01	0	36.00
37.00		0.00	0	CARDIAC REHAB	76.02	0	37.00
38.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.03	0	38.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/26/2013 12:35 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
39.00		0.00	0	EMERGENCY	91.00	0	39.00
40.00		0.00	0	URGENT CARE CENTERS	91.01	0	40.00
	TOTALS		0	TOTALS		0	
	AD - HOLIDAY GIFT CARD RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	898	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	586		0.00	0	2.00
3.00	ADMITTING	5.04	1,224		0.00	0	3.00
4.00	ADMIN & GENERAL - SURREY	5.05	408		0.00	0	4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	10,873		0.00	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,603		0.00	0	6.00
7.00	PURCHASING	6.01	503		0.00	0	7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	209		0.00	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	145		0.00	0	9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	49		0.00	0	10.00
11.00	HOUSEKEEPING	9.00	5,002		0.00	0	11.00
12.00	HOUSEKEEPING - SURREY	9.01	457		0.00	0	12.00
13.00	DIETARY	10.00	2,990		0.00	0	13.00
14.00	DIETARY - SURREY	10.01	1,248		0.00	0	14.00
15.00	CAFETERIA	11.00	755		0.00	0	15.00
16.00	NURSING ADMINISTRATION	13.00	959		0.00	0	16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	132		0.00	0	17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,797		0.00	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	2,596		0.00	0	19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	345		0.00	0	20.00
21.00	SOCIAL SERVICE	17.00	586		0.00	0	21.00
22.00	SOCIAL SERVICE - SURREY	17.01	92		0.00	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,138		0.00	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	103		0.00	0	24.00
25.00	PHARMACY EDUCATION	23.02	153		0.00	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	20,770		0.00	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	1,935		0.00	0	27.00
28.00	CORONARY CARE UNIT	32.00	2,151		0.00	0	28.00
29.00	NURSERY	43.00	3,219		0.00	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,395		0.00	0	30.00
31.00	OTHER LONG TERM CARE	46.00	2,220		0.00	0	31.00
32.00	OPERATING ROOM	50.00	8,402		0.00	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	295		0.00	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	274		0.00	0	34.00
35.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	1,058		0.00	0	35.00
36.00	RECOVERY ROOM	51.00	810		0.00	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	861		0.00	0	37.00
38.00	ANESTHESIOLOGY	53.00	366		0.00	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	5,662		0.00	0	39.00
40.00	TDOC RADIOLOGY	54.01	277		0.00	0	40.00
41.00	CDI RADIOLOGY	54.02	1,042		0.00	0	41.00
42.00	CT SCAN	57.00	450		0.00	0	42.00
43.00	TDOC CT SCAN	57.01	114		0.00	0	43.00
44.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	248		0.00	0	44.00
45.00	TDOC - MRI	58.01	182		0.00	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	837		0.00	0	46.00
47.00	LABORATORY	60.00	4,329		0.00	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	1,404		0.00	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	63		0.00	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,712		0.00	0	50.00
51.00	PHYSICAL THERAPY	66.00	2,653		0.00	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	973		0.00	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	102		0.00	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	448		0.00	0	54.00
55.00	SPEECH PATHOLOGY	68.00	138		0.00	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,094		0.00	0	56.00
57.00	TDOC - ELECTROCARDIOLOGY	69.01	455		0.00	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	159		0.00	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	1,671		0.00	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	1,804		0.00	0	60.00
61.00	RENAL DIALYSIS	74.00	205		0.00	0	61.00
62.00	NUTRITION/DIABETES EDUCATION	76.01	464		0.00	0	62.00

RECLASSIFICATIONS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 11/26/2013 12:35 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
63.00	CARDIAC REHAB	76.02	1,284		0.00	0	63.00
64.00	HYPERBARIC OXYGEN THERAPY	76.03	224		0.00	0	64.00
65.00	EMERGENCY	91.00	3,316		0.00	0	65.00
66.00	URGENT CARE CENTERS	91.01	3,635		0.00	0	66.00
67.00	ADULT DOWN SYNDROME CENTER	91.02	112		0.00	0	67.00
68.00	HOME HEALTH AGENCY	101.00	2,132		0.00	0	68.00
69.00	HOSPICE	116.00	976		0.00	0	69.00
70.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	121		0.00	0	70.00
71.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,273		0.00	0	71.00
72.00	DEVELOPMENT	194.01	244		0.00	0	72.00
73.00	COMMUNITY OUTREACH	194.02	293		0.00	0	73.00
74.00	FOUNTAIN CAFE	194.03	55		0.00	0	74.00
75.00	SLEEP RESEARCH	194.04	104		0.00	0	75.00
76.00	PHYSICIAN REFERRAL	194.07	224		0.00	0	76.00
77.00	MARKETING	194.11	499		0.00	0	77.00
78.00	CHILDBIRTH INSTRUCTION	194.12	52		0.00	0	78.00
79.00	VOLUNTEERS	194.13	222		0.00	0	79.00
80.00	RETAIL PHARMACY	194.14	563		0.00	0	80.00
81.00	REHAB HOSPITAL COVERAGE	194.15	177		0.00	0	81.00
82.00	EXECUTIVE HEALTH PROGRAM	194.16	2		0.00	0	82.00
83.00	VALET SERVICES	194.17	264		0.00	0	83.00
	TOTALS		123,865	TOTALS		0	
500.00	Grand Total: Increases		5,672,755	Grand Total: Decreases		5,098,859	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,744,879	24,206	0	24,206	0	1.00
2.00	Land Improvements	10,806,456	646,516	0	646,516	0	2.00
3.00	Buildings and Fixtures	284,760,338	6,979,891	0	6,979,891	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	179,437,494	14,708,815	-35,376	14,673,439	3,174,613	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	490,749,167	22,359,428	-35,376	22,324,052	3,174,613	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	490,749,167	22,359,428	-35,376	22,324,052	3,174,613	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,769,085	0	1.00
2.00	Land Improvements	11,452,972	0	2.00
3.00	Buildings and Fixtures	291,740,229	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	190,936,320	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	509,898,606	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	509,898,606	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part II Date/Time Prepared: 11/26/2013 12:35 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,147,051	0	3,983,184	3,732,741	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	465,722	0	72,780	0	0	2.01
3.00	Total (sum of lines 1-2)	24,612,773	0	4,055,964	3,732,741	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	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	31,862,976	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	538,502	2.01
3.00	Total (sum of lines 1-2)	0	32,401,478	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-7 Part III Date/Time Prepared: 11/26/2013 12:35 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	CAP REL COSTS-BLDG & FIXT	318,962,285	0	318,962,285	0.625541	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	190,936,320	0	190,936,320	0.374459	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	509,898,605	0	509,898,605	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	CAP REL COSTS-BLDG & FIXT	0	0	0	7,607,410	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,054,815	1,359,405	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	466,758	21,838	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,128,983	1,381,243	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	CAP REL COSTS-BLDG & FIXT	979,900	315,683	0	0	8,902,993	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,414,220	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	56,272	11,284	0	0	556,152	2.01
3.00	Total (sum of lines 1-2)	1,036,172	326,967	0	0	23,873,365	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-279,189	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	2.01
3.00	Investment income - other (chapter 2)	B	-16,508	CAP REL COSTS-MVBLE EQUIP	2.01	11	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)	A	-205,502	NONPATIENT TELEPHONES	5.01	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	-20,697,789			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	-3,147,221			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,457,953	DIETARY	10.00	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	B	-909	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-92,703	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
28.00	Non-physician Anesthetist		0	NONPHYSICIAN 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	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-32,858	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFET	A	-2,607,477	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-23,612	EMPLOYEE BENEFITS	4.00	0	33.02
33.03	SNF COMMISSIONS	B	-483	ADMIN & GENERAL - SURREY	5.05	0	33.03
33.04	CHAPLAIN INCOME	B	-13,600	ADMIN & GENERAL - HOSPITAL	5.06	0	33.04
33.05	MEALS ON WHEELS	B	-52,433	DIETARY	10.00	0	33.05
33.06	PHYSICIAN MEALS	B	-4,000	DIETARY	10.00	0	33.06
33.07	TDOC CORNER GOURMET INCOME	B	-173,092	DIETARY	10.00	0	33.07
33.08	TDOC CORNER GOURMET INCOME	B	-3,893	DIETARY	10.00	0	33.08
33.09	SNF CAFETERIA MEALS	B	-8,423	DIETARY - SURREY	10.01	0	33.09
33.10	MATERNITY SERVICES INCOME	B	-610	ADULTS & PEDIATRICS	30.00	0	33.10
33.11	LACTATION INCOME	B	-37,518	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	PHYSICAL THERAPY INCOME	B	-16,350	PHYSICAL THERAPY	66.00	0	33.12
33.13	SPORTS MEDICINE INCOME	B	-94,336	PHYSICAL THERAPY	66.00	0	33.13
33.14	SPORTS MEDICINE INCOME	B	-10,502	PHYSICAL THERAPY	66.00	0	33.14
33.15	SPORTS MEDICINE INCOME	B	-12,033	PHYSICAL THERAPY	66.00	0	33.15
33.16	SPEECH THERAPY INCOME	B	-400	SPEECH PATHOLOGY	68.00	0	33.16
33.17	SLEEP MEDICINE MISCELLANEOUS INCOME	B	-11,304	SLEEP MEDICINE CLINIC	70.01	0	33.17
33.18	NUTRITION REFERENCE BOOKS	B	-376	NUTRITION/DIABETES EDUCATION	76.01	0	33.18
33.19	PHYSICIAN EQUIPMENT RENTAL	B	-10,140	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.19
33.20	MISCELLANEOUS INCOME	B	-29,294	ADMIN & GENERAL - HOSPITAL	5.06	0	33.20
33.21	MOONLIGHTERS SALARIES	A	-61,688	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.21
33.22	MOONLIGHTERS BENEFITS	A	-15,402	EMPLOYEE BENEFITS	4.00	0	33.22
33.23	ADVERTISING	A	-4,697	ADMIN & GENERAL - SURREY	5.05	0	33.23
33.24	ADVERTISING	A	-813	NURSING ADMINISTRATION - SURREY	13.01	0	33.24
33.25	ADVERTISING	A	-1,013	ADULTS & PEDIATRICS	30.00	0	33.25
33.26	ADVERTISING	A	-1,950	ELECTROCARDIOLOGY	69.00	0	33.26
33.27	ADVERTISING	A	-595	SLEEP MEDICINE CLINIC	70.01	0	33.27
33.28	ADVERTISING	A	-495	URGENT CARE CENTERS	91.01	0	33.28
33.29	ADVERTISING	A	-100	ADULT DOWN SYNDROME CENTER	91.02	0	33.29
33.30	ADVERTISING	A	-1,900	HOME HEALTH AGENCY	101.00	0	33.30
33.31	ADVERTISING	A	-898	HOSPICE	116.00	0	33.31
33.32	ASSET LIVES	A	-4,926	CAP REL COSTS-BLDG & FIXT	1.00	9	33.32
33.33	ASSET LIVES	A	-15	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.33
33.34	ASSET LIVES	A	-41,045	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.34
33.35	LOSS ON REFINANCING	A	28,240	CAP REL COSTS-BLDG & FIXT	1.00	11	33.35
33.36	LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.36
33.37	FRA TAX	A	3,041,357	ADMIN & GENERAL - HOSPITAL	5.06	0	33.37
33.38	RENT EXPENSE PAID FOR MOB SPACE	A	-90,525	EMPLOYEE BENEFITS	4.00	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-6,351	NONPATIENT TELEPHONES	5.01	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-175,811	ADMIN & GENERAL - HOSPITAL	5.06	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-75,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-28,561	ADULTS & PEDIATRICS	30.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-230,472	OPERATING ROOM	50.00	0	33.43
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-52,113	PAIN MGMT - BRAIN & SPINE	50.02	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-197,541	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-299,135	RADIOLOGY-DIAGNOSTIC	54.00	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-23,814	CT SCAN	57.00	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-131,953	LABORATORY	60.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-129,805	INTRAVENOUS THERAPY	64.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-6,378	BRAIN & SPINE INFUSION CENTER	64.01	0	33.50

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-1,008	PHYSICAL THERAPY	66.00	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-94,263	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-76,018	ELECTROCARDIOLOGY	69.00	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-45,687	ELECTROENCEPHALOGRAPHY	70.00	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-385,592	SLEEP MEDICINE CLINIC	70.01	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-35,986	DRUGS CHARGED TO PATIENTS	73.00	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-26,238	NUTRITION/DIABETES EDUCATION	76.01	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-83,535	CARDIAC REHAB	76.02	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-36,725	ADULT DOWN SYNDROME CENTER	91.02	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-23,616	HOSPICE	116.00	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-50,743	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-12,070	DEVELOPMENT	194.01	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-4,611	FOUNTAIN CAFE	194.03	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-20,815	SLEEP RESEARCH	194.04	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-6,656	PHYSICIAN REFERRAL	194.07	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-23,679	RETAIL PHARMACY	194.14	0	33.67
33.68	NON-ALLOWABLE	A	-674,291	ADMIN & GENERAL - HOSPITAL	5.06	0	33.68
33.69	NON-ALLOWABLE	A	-65,876	EMPLOYEE BENEFITS	4.00	0	33.69
33.70	NON-ALLOWABLE	A	-45	ADMITTING	5.04	0	33.70
33.71	NON-ALLOWABLE	A	-21,461	ADMIN & GENERAL - SURREY	5.05	0	33.71
33.72	NON-ALLOWABLE	A	-28,584	ADMIN & GENERAL - HOSPITAL	5.06	0	33.72
33.73	NON-ALLOWABLE	A	-707	MAINTENANCE & REPAIRS	6.00	0	33.73
33.74	NON-ALLOWABLE	A	-60	PURCHASING	6.01	0	33.74
33.75	NON-ALLOWABLE	A	-1,739	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.75
33.76	NON-ALLOWABLE	A	-1,285	HOUSEKEEPING	9.00	0	33.76
33.77	NON-ALLOWABLE	A	-685	DIETARY - SURREY	10.01	0	33.77
33.78	NON-ALLOWABLE	A	-210	CAFETERIA	11.00	0	33.78
33.79	NON-ALLOWABLE	A	-6,564	NURSING ADMINISTRATION	13.00	0	33.79
33.80	NON-ALLOWABLE	A	-679	NURSING ADMINISTRATION - SURREY	13.01	0	33.80
33.81	NON-ALLOWABLE	A	-97	CENTRAL SERVICES & SUPPLY	14.00	0	33.81
33.82	NON-ALLOWABLE	A	-15	MEDICAL RECORDS & LIBRARY	16.00	0	33.82
33.83	NON-ALLOWABLE	A	-65	MEDICAL RECORDS & LIBRARY - SURREY	16.01	0	33.83
33.84	NON-ALLOWABLE	A	-26,898	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.84
33.85	NON-ALLOWABLE	A	-26,000	ADULTS & PEDIATRICS	30.00	0	33.85
33.86	NON-ALLOWABLE	A	-5	CORONARY CARE UNIT	32.00	0	33.86
33.87	NON-ALLOWABLE	A	-20	NURSERY	43.00	0	33.87
33.88	NON-ALLOWABLE	A	-120	SKILLED NURSING FACILITY	44.00	0	33.88
33.89	NON-ALLOWABLE	A	-182	OTHER LONG TERM CARE	46.00	0	33.89
33.90	NON-ALLOWABLE	A	-1,120	OPERATING ROOM	50.00	0	33.90
33.91	NON-ALLOWABLE	A	-1,716	VASCULAR ACCESS CENTER	50.01	0	33.91
33.92	NON-ALLOWABLE	A	-395	PAIN MGMT - BRAIN & SPINE	50.02	0	33.92
33.93	NON-ALLOWABLE	A	-1,055	RADIOLOGY-DIAGNOSTIC	54.00	0	33.93
33.94	NON-ALLOWABLE	A	-234	CDI RADIOLOGY	54.02	0	33.94
33.95	NON-ALLOWABLE	A	-2,067	CARDIAC CATHETERIZATION	59.00	0	33.95
33.96	NON-ALLOWABLE	A	-1,005	PHYSICAL THERAPY	66.00	0	33.96
33.97	NON-ALLOWABLE	A	-134	PHYSICAL THERAPY - SURREY	66.01	0	33.97
33.98	NON-ALLOWABLE	A	-1,320	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.98
33.99	NON-ALLOWABLE	A	-966	ELECTROCARDIOLOGY	69.00	0	33.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.00	NON-ALLOWABLE	A	-2,084	SLEEP MEDICINE CLINIC	70.01	0	34.00
34.01	NON-ALLOWABLE	A	-590	DRUGS CHARGED TO PATIENTS	73.00	0	34.01
34.02	NON-ALLOWABLE	A	-1,281	CARDIAC REHAB	76.02	0	34.02
34.03	NON-ALLOWABLE	A	-42	HYPERBARIC OXYGEN THERAPY	76.03	0	34.03
34.04	NON-ALLOWABLE	A	-599	EMERGENCY	91.00	0	34.04
34.05	NON-ALLOWABLE	A	-14,657	URGENT CARE CENTERS	91.01	0	34.05
34.06	NON-ALLOWABLE	A	-4,476	ADULT DOWN SYNDROME CENTER	91.02	0	34.06
34.07	NON-ALLOWABLE	A	-1,750	HOME HEALTH AGENCY	101.00	0	34.07
34.08	NON-ALLOWABLE	A	-319	HOSPICE	116.00	0	34.08
34.09	LOBBYING	A	-35,747	ADMIN & GENERAL - HOSPITAL	5.06	0	34.09
34.10	PHYSICIAN BILLING	A	-277,080	ADULTS & PEDIATRICS	30.00	0	34.10
34.11	PHYSICIAN BILLING	A	-8,026	CORONARY CARE UNIT	32.00	0	34.11
34.12	PHYSICIAN BILLING	A	-54,629	SLEEP MEDICINE CLINIC	70.01	0	34.12
34.13	PHYSICIAN BILLING	A	-196,947	EMERGENCY	91.00	0	34.13
34.14	PHYSICIAN BILLING	A	-163,819	URGENT CARE CENTERS	91.01	0	34.14
34.15	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-360,000	ADMIN & GENERAL - HOSPITAL	5.06	0	34.15
34.16	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-89,882	EMPLOYEE BENEFITS	4.00	0	34.16
34.17	CRNA OTHER	A	-728	NONPHYSICIAN ANESTHETISTS	19.00	0	34.17
34.18	REVENUE ADD BACK	A	43,142	EMPLOYEE BENEFITS	4.00	0	34.18
34.19	REVENUE ADD BACK	A	396,943	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.19
34.20	REVENUE ADD BACK	A	120,309	COMMUNITY OUTREACH	194.02	0	34.20
34.21	SLEEP RESEARCH	A	183,389	SLEEP RESEARCH	194.04	0	34.21
34.22	REHAB HOSPITAL	A	23,425	REHAB HOSPITAL COVERAGE	194.15	0	34.22
34.23	HOME HEALTH AMORTIZATION	A	11,920	HOME HEALTH AGENCY	101.00	0	34.23
34.24	CHAPLAIN INCOME	B	-2,683	CLINICAL PASTORAL EDUCATION	23.01	0	34.24
34.25	EDUCATION CENTER DEPRECIATION	A	-69,971	CAP REL COSTS-BLDG & FIXT	1.00	9	34.25
34.26	RCE	A	-418,772	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	34.26
34.27			0		0.00	0	34.27
34.28			0		0.00	0	34.28
34.29			0		0.00	0	34.29
34.30			0		0.00	0	34.30
34.31			0		0.00	0	34.31
34.32			0		0.00	0	34.32
34.33			0		0.00	0	34.33
34.34			0		0.00	0	34.34
34.35			0		0.00	0	34.35
34.36			0		0.00	0	34.36
34.37			0		0.00	0	34.37
34.38			0		0.00	0	34.38
34.39			0		0.00	0	34.39
34.40			0		0.00	0	34.40
34.41			0		0.00	0	34.41
34.42			0		0.00	0	34.42
34.43			0		0.00	0	34.43
34.44			0		0.00	0	34.44
34.45			0		0.00	0	34.45
34.46			0		0.00	0	34.46
34.47			0		0.00	0	34.47
34.48			0		0.00	0	34.48
34.49			0		0.00	0	34.49
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,297,427				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet A-8-1 Date/Time Prepared: 11/26/2013 12:35 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	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILILNG	3,380,899	6,620,784	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLING	1,812,169	1,719,505	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	0		0	5,193,068	8,340,289	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	Related Organization(s) and/or Home Office 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	C		0.00	ST.LUKE'S CDI	31.00	6.00
7.00	C		0.00	ST. LUKE'S CDI	43.30	7.00
8.00			0.00		0.00	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:					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: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet A-8-1 Date/Time Prepared: 11/26/2013 12:35 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	-3,239,885	0		1.00
2.00	92,664	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-3,147,221			5.00

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

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

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

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

6.00	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00			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: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/26/2013 12:35 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	5.05	ADMIN & GENERAL - SURREY	22,890	0	22,890	177,200	7	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	374,201	67,266	305,543	177,200	3,007	2.00
3.00	30.00	ADULTS & PEDIATRICS	7,380,525	6,150,244	1,230,281	177,200	10,004	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,622,718	1,434,749	187,969	177,200	3,456	4.00
5.00	32.00	CORONARY CARE UNIT	1,117,324	1,102,177	15,147	177,200	25	5.00
6.00	43.00	NURSERY	50,000	50,000	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	1,046,081	521,298	524,783	208,000	1,961	7.00
8.00	50.01	VASCULAR ACCESS CENTER	300,004	300,004	0	208,000	0	8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	51,792	41,772	10,020	208,000	100	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	208,000	0	10.00
11.00	53.00	ANESTHESIOLOGY	467,235	467,235	0	200,300	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	21,750	21,750	0	225,300	0	12.00
13.00	57.01	TDOC CT SCAN	5,355	5,355	0	225,300	0	13.00
14.00	60.00	LABORATORY	187,104	0	187,104	215,700	1,434	14.00
15.00	64.00	INTRAVENOUS THERAPY	735,702	0	735,702	225,300	3,942	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	302,770	231,838	70,932	177,200	235	16.00
17.00	69.00	ELECTROCARDIOLOGY	45,662	260	45,402	177,200	619	17.00
18.00	59.00	CARDIAC CATHETERIZATION	37,856	0	37,856	177,200	706	18.00
19.00	70.01	SLEEP MEDICINE CLINIC	837,853	753,236	84,616	177,200	211	19.00
20.00	76.02	CARDIAC REHAB	87,448	87,448	0	177,200	0	20.00
21.00	91.00	EMERGENCY	5,032,638	4,770,764	261,874	177,200	1,574	21.00
22.00	91.01	URGENT CARE CENTERS	3,410,308	3,296,619	113,689	177,200	757	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	8,417	4,548	3,869	177,200	2	23.00
200.00			23,145,633	19,306,563	3,837,677		28,040	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	5.05	ADMIN & GENERAL - SURREY	596	30	0	0	170	1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	256,173	12,809	0	0	1,262	2.00
3.00	30.00	ADULTS & PEDIATRICS	852,264	42,613	0	0	124,366	3.00
4.00	31.00	INTENSIVE CARE UNIT	294,425	14,721	0	0	17,535	4.00
5.00	32.00	CORONARY CARE UNIT	2,130	107	0	0	15,635	5.00
6.00	43.00	NURSERY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	196,100	9,805	0	0	28,359	7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	10,000	500	0	0	200	9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	834	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	57.01	TDOC CT SCAN	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	148,709	7,435	0	0	0	14.00
15.00	64.00	INTRAVENOUS THERAPY	426,987	21,349	0	0	4,290	15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	20,020	1,001	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	52,734	2,637	0	0	384	17.00
18.00	59.00	CARDIAC CATHETERIZATION	60,146	3,007	0	0	53	18.00
19.00	70.01	SLEEP MEDICINE CLINIC	17,976	899	0	0	5,057	19.00
20.00	76.02	CARDIAC REHAB	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	134,093	6,705	0	0	82,227	21.00
22.00	91.01	URGENT CARE CENTERS	64,491	3,225	0	0	40,909	22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	170	9	0	0	160	23.00
200.00			2,537,014	126,852	0	0	321,441	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	5.05	ADMIN & GENERAL - SURREY	170	766	22,124	22,124		1.00
2.00	5.06	ADMIN & GENERAL - HOSPITAL	1,030	257,203	48,340	116,998		2.00
3.00	30.00	ADULTS & PEDIATRICS	20,731	872,995	357,286	6,507,530		3.00
4.00	31.00	INTENSIVE CARE UNIT	2,031	296,456	0	1,434,749		4.00
5.00	32.00	CORONARY CARE UNIT	212	2,342	12,805	1,114,982		5.00
6.00	43.00	NURSERY	0	0	0	50,000		6.00
7.00	50.00	OPERATING ROOM	14,227	210,327	314,456	835,754		7.00
8.00	50.01	VASCULAR ACCESS CENTER	0	0	0	300,004		8.00
9.00	50.02	PAIN MGMT - BRAIN & SPINE	39	10,039	0	41,772		9.00
10.00	50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 11/26/2013 12:35 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		
11.00	53.00	ANESTHESIOLOGY	0	0	0	467,235		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	21,750		12.00
13.00	57.01	TDOC CT SCAN	0	0	0	5,355		13.00
14.00	60.00	LABORATORY	0	148,709	38,395	38,395		14.00
15.00	64.00	INTRAVENOUS THERAPY	4,290	431,277	304,425	304,425		15.00
16.00	64.01	BRAIN & SPINE INFUSION CENTER	0	20,020	50,912	282,750		16.00
17.00	69.00	ELECTROCARDIOLOGY	382	53,116	0	260		17.00
18.00	59.00	CARDIAC CATHETERIZATION	53	60,199	0	0		18.00
19.00	70.01	SLEEP MEDICINE CLINIC	511	18,487	66,129	819,366		19.00
20.00	76.02	CARDIAC REHAB	0	0	0	87,448		20.00
21.00	91.00	EMERGENCY	4,279	138,372	123,502	4,894,266		21.00
22.00	91.01	URGENT CARE CENTERS	1,364	65,855	47,834	3,344,453		22.00
23.00	91.02	ADULT DOWN SYNDROME CENTER	74	244	3,625	8,173		23.00
200.00			49,393	2,586,407	1,389,833	20,697,789		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,902,993	8,902,993				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,414,220		14,414,220			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	556,152		0	556,152		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	40,561,977	59,414	96,194	0	40,717,585	4.00
5.01	00510	NONPATIENT TELEPHONES	627,173	18,606	30,124	0	101,188	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	27,244	0	0	0	0	5.03
5.04	00540	ADMITTING	799,267	20,390	33,012	0	208,113	5.04
5.05	00562	ADMIN & GENERAL - SURREY	661,338	0	0	27,772	139,165	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	29,866,598	769,578	1,245,970	0	4,409,138	5.06
6.00	00600	MAINTENANCE & REPAIRS	9,957,418	1,024,788	1,659,164	0	443,278	6.00
6.01	00601	PURCHASING	905,622	29,293	47,426	0	131,534	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	603,774	0	0	18,017	54,609	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,153,981	49,009	79,347	0	19,970	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	134,112	0	0	9,244	5,139	8.01
9.00	00900	HOUSEKEEPING	3,408,588	53,306	86,304	0	706,066	9.00
9.01	00901	HOUSEKEEPING - SURREY	299,100	0	0	0	63,622	9.01
10.00	01000	DIETARY	1,717,779	202,410	327,709	0	471,611	10.00
10.01	01001	DIETARY - SURREY	1,247,240	0	0	20,731	174,868	10.01
11.00	01100	CAFETERIA	488,971	177,864	287,967	0	111,897	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,324	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,351,865	22,454	36,354	0	342,762	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	220,068	0	0	1,810	56,427	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	2,313,518	217,927	352,831	0	330,087	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,876,458	80,647	130,570	0	605,161	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	227,982	0	0	0	59,298	16.01
17.00	01700	SOCIAL SERVICE	768,187	24,462	39,605	0	181,576	17.00
17.01	01701	SOCIAL SERVICE - SURREY	88,389	0	0	1,298	23,137	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,206,090	0	0	0	577,724	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,336,305	63,136	102,219	0	377,780	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	128,913	17,581	28,465	0	22,605	23.01
23.02	02302	PHARMACY EDUCATION	180,477	4,901	7,935	0	47,263	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,979,932	1,849,853	2,994,957	0	7,063,528	30.00
31.00	03100	INTENSIVE CARE UNIT	2,694,920	118,478	191,819	0	1,021,516	31.00
32.00	03200	CORONARY CARE UNIT	2,712,796	172,500	279,282	0	947,461	32.00
43.00	04300	NURSERY	4,552,175	225,510	365,108	0	1,094,021	43.00
44.00	04400	SKILLED NURSING FACILITY	2,124,060	0	0	151,016	529,506	44.00
46.00	04600	OTHER LONG TERM CARE	1,806,024	0	0	265,439	457,537	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,810,543	761,517	1,232,920	0	3,293,225	50.00
50.01	03650	VASCULAR ACCESS CENTER	762,967	0	0	0	107,854	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	364,158	39,923	64,637	0	75,410	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,898,006	114,391	185,203	0	340,864	50.04
51.00	05100	RECOVERY ROOM	1,081,501	65,607	106,220	0	270,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,170,861	80,366	130,115	0	266,638	52.00
53.00	05300	ANESTHESIOLOGY	508,900	2,036	3,297	0	80,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,704,781	635,906	1,029,551	0	1,624,989	54.00
54.01	05401	TDOC RADIOLOGY	369,338	37,199	60,226	0	92,870	54.01
54.02	05402	CDI RADIOLOGY	7,606,349	0	0	0	374,480	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	607,176	51,522	83,416	0	151,242	57.00
57.01	05701	TDOC CT SCAN	169,383	18,087	29,283	0	39,990	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	329,127	57,856	93,670	0	80,092	58.00
58.01	05801	TDOC - MRI	253,828	31,427	50,882	0	62,255	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,285,893	132,085	213,849	0	295,554	59.00
60.00	06000	LABORATORY	10,624,989	262,457	424,925	0	1,098,345	60.00
64.00	06400	INTRAVENOUS THERAPY	14,477,973	67,994	110,085	0	638,880	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	101,552	3,693	5,979	0	97,399	64.01
65.00	06500	RESPIRATORY THERAPY	1,958,638	23,521	38,082	0	481,467	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	10,611	0	0	472	0	65.01
66.00	06600	PHYSICAL THERAPY	3,316,696	151,745	245,679	0	772,539	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,181,323	0	0	20,259	306,670	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	831,791	50,876	82,370	0	15,073	66.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	483,702	0	0	0	123,093	67.00
68.00	06800	SPEECH PATHOLOGY	198,914	1,053	1,705	0	51,688	68.00
69.00	06900	ELECTROCARDIOLOGY	1,524,163	54,457	88,168	0	334,547	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	589,092	62,307	100,877	0	130,044	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	198,843	27,720	44,880	0	45,989	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,985,534	115,360	186,772	0	673,384	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,928,106	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,216,568	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,484,815	62,756	101,605	0	739,767	73.00
74.00	07400	RENAL DIALYSIS	442,539	23,578	38,173	0	95,752	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	521,485	15,194	24,600	0	135,487	76.01
76.02	03022	CARDIAC REHAB	1,517,483	156,659	253,637	0	399,758	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	270,233	29,110	47,131	0	63,622	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	859	0	0	0	0	90.00
91.00	09100	EMERGENCY	3,772,153	134,992	218,556	0	2,142,522	91.00
91.01	09101	URGENT CARE CENTERS	6,421,549	0	0	0	1,994,359	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	103,528	18,255	29,556	0	27,483	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	3,446,556	18,157	29,397	0	730,235	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,867,066	6,642	10,754	0	288,371	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	315,301,278	8,516,555	13,788,562	554,382	39,320,533	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	75,694	21,569	34,922	1,770	17,181	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,542,201	76,027	123,090	0	540,533	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	464,743	22,496	36,422	0	66,070	194.01
194.02	07952	COMMUNITY OUTREACH	761,914	17,188	27,828	0	116,045	194.02
194.03	07953	FOUNTAIN CAFE	35,357	38,477	62,295	0	7,233	194.03
194.04	07954	SLEEP RESEARCH	162,679	13,439	21,758	0	25,941	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	304,342	4,297	6,957	0	78,233	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	122,999	199,140	0	0	194.09
194.10	07960	TV STORAGE	0	1,306	2,114	0	0	194.10
194.11	07961	MARKETING	1,990,634	21,724	35,172	0	166,644	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	89,823	0	0	0	15,543	194.12
194.13	07963	VOLUNTEERS	234,134	18,536	30,011	0	56,204	194.13
194.14	07964	RETAIL PHARMACY	4,728,779	21,836	35,354	0	194,168	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	402,259	0	0	0	77,153	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	3,747	6,544	10,595	0	409	194.16
194.17	07967	VALET SERVICES	136,410	0	0	0	35,695	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	334,233,994	8,902,993	14,414,220	556,152	40,717,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	777,091					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0				5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	24,102	0	51,346			5.03
5.04	00540	ADMITTING	8,552	0	0	1,069,334		5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	10,766	0	839,041	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	118,177	0	0	0	36,409,461	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,217	0	0	0	13,097,865	6.00
6.01	00601	PURCHASING	1,166	0	0	0	1,115,041	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	3,313	0	679,713	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	389	0	0	0	1,302,696	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	828	0	149,323	8.01
9.00	00900	HOUSEKEEPING	5,831	0	0	0	4,260,095	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	828	0	363,550	9.01
10.00	01000	DIETARY	10,107	0	0	0	2,729,616	10.00
10.01	01001	DIETARY - SURREY	0	0	4,969	0	1,447,808	10.01
11.00	01100	CAFETERIA	2,332	0	0	0	1,069,031	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	38,324	11.01
13.00	01300	NURSING ADMINISTRATION	6,609	0	0	0	1,760,044	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	1,656	0	279,961	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,941	0	0	0	3,223,304	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,882	0	0	0	4,710,718	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,484	0	289,764	16.01
17.00	01700	SOCIAL SERVICE	5,831	0	0	0	1,019,661	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,656	0	114,480	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,783,814	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,110	0	0	0	1,882,550	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	777	0	0	0	198,341	23.01
23.02	02302	PHARMACY EDUCATION	389	0	0	0	240,965	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	129,840	0	0	70,375	35,088,485	30.00
31.00	03100	INTENSIVE CARE UNIT	6,609	0	0	9,145	4,042,487	31.00
32.00	03200	CORONARY CARE UNIT	10,885	0	0	9,880	4,132,804	32.00
43.00	04300	NURSERY	27,989	0	0	5,918	6,270,721	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	12,423	0	2,817,005	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	9,110	0	2,538,110	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,587	0	0	78,915	21,239,707	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,944	0	0	7,983	880,748	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,555	0	0	4,123	549,806	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,552	0	0	13,567	2,560,583	50.04
51.00	05100	RECOVERY ROOM	8,164	0	0	8,046	1,540,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,386	0	0	5,722	1,661,088	52.00
53.00	05300	ANESTHESIOLOGY	1,944	0	0	10,557	606,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,094	0	0	77,416	11,117,737	54.00
54.01	05401	TDOC RADIOLOGY	4,276	0	0	9,196	573,105	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	36,516	8,017,345	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,887	0	0	54,749	951,992	57.00
57.01	05701	TDOC CT SCAN	777	0	0	12,069	269,589	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,944	0	0	15,982	578,671	58.00
58.01	05801	TDOC - MRI	777	0	0	14,817	413,986	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,330	0	0	24,810	1,961,521	59.00
60.00	06000	LABORATORY	29,155	0	0	149,194	12,589,065	60.00
64.00	06400	INTRAVENOUS THERAPY	7,386	0	0	67,324	15,369,642	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	389	0	0	1,782	210,794	64.01
65.00	06500	RESPIRATORY THERAPY	7,775	0	0	13,659	2,523,142	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	11,083	65.01
66.00	06600	PHYSICAL THERAPY	13,606	0	0	19,303	4,519,568	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	3,313	1	1,511,566	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,499	0	0	3,017	986,626	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,887	0	0	2,995	613,677	67.00
68.00	06800	SPEECH PATHOLOGY	1,555	0	0	1,118	256,033	68.00
69.00	06900	ELECTROCARDIOLOGY	7,775	0	0	26,484	2,035,594	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,609	0	0	17,356	906,285	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,110	0	0	2,404	322,946	70.00
70.01	07001	SLEEP MEDICINE CLINIC	20,992	0	0	6,306	2,988,348	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,671	13,975,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,612	23,264,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,217	0	0	116,337	17,518,497	73.00
74.00	07400	RENAL DIALYSIS	2,332	0	0	2,480	604,854	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1,166	0	0	2,500	700,432	76.01
76.02	03022	CARDIAC REHAB	13,217	0	0	3,381	2,344,135	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,721	0	0	2,673	415,490	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	389	0	0	3	1,251	90.00
91.00	09100	EMERGENCY	13,217	0	0	37,524	6,318,964	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	28,407	8,444,315	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,166	0	0	10	179,998	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,220	0	0	0	4,230,565	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,831	0	0	0	2,178,664	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	726,166	0	51,346	1,069,327	312,839,428	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,721	0	0	0	153,857	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,158	0	0	0	10,304,009	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	3,110	0	0	0	592,841	194.01
194.02	07952	COMMUNITY OUTREACH	4,276	0	0	0	927,251	194.02
194.03	07953	FOUNTAIN CAFE	389	0	0	0	143,751	194.03
194.04	07954	SLEEP RESEARCH	3,110	0	0	0	226,927	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	1,944	0	0	0	395,773	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	322,139	194.09
194.10	07960	TV STORAGE	0	0	0	0	3,420	194.10
194.11	07961	MARKETING	4,665	0	0	0	2,218,839	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	389	0	0	0	105,755	194.12
194.13	07963	VOLUNTEERS	5,442	0	0	0	344,327	194.13
194.14	07964	RETAIL PHARMACY	1,944	0	0	0	4,982,081	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	479,412	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	777	0	0	7	22,079	194.16
194.17	07967	VALET SERVICES	0	0	0	0	172,105	194.17
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	777,091	0	51,346	1,069,334	334,233,994	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
			5.05	5A.05	5.06	6.00	6.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY	839,041					5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	91,527	36,500,988	36,500,988			5.06
6.00	00600	MAINTENANCE & REPAIRS	32,967	13,130,832	1,609,787	14,740,619		6.00
6.01	00601	PURCHASING	2,807	1,117,848	137,044	61,595	1,316,487	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	1,711	681,424	83,540	0	798	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,279	1,305,975	160,107	103,052	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	376	149,699	18,352	0	199	8.01
9.00	00900	HOUSEKEEPING	10,723	4,270,818	523,585	112,088	10,153	9.00
9.01	00901	HOUSEKEEPING - SURREY	915	364,465	44,682	0	1,057	9.01
10.00	01000	DIETARY	6,870	2,736,486	335,482	425,615	10,971	10.00
10.01	01001	DIETARY - SURREY	3,644	1,451,452	177,942	0	14,646	10.01
11.00	01100	CAFETERIA	2,691	1,071,722	131,389	374,000	33,443	11.00
11.01	01101	CAFETERIA - SURREY	96	38,420	4,710	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	4,430	1,764,474	216,317	47,215	610	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	705	280,666	34,409	0	86	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	8,113	3,231,417	396,159	458,243	10,644	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,857	4,722,575	578,969	169,579	690	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	729	290,493	35,613	0	28	16.01
17.00	01700	SOCIAL SERVICE	2,566	1,022,227	125,321	51,438	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	288	114,768	14,070	0	116	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,007	2,790,821	342,143	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,738	1,887,288	231,374	132,757	1,009	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	499	198,840	24,377	36,969	0	23.01
23.02	02302	PHARMACY EDUCATION	607	241,572	29,616	10,305	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	88,318	35,176,803	4,312,648	3,889,740	38,097	30.00
31.00	03100	INTENSIVE CARE UNIT	10,175	4,052,662	496,840	249,127	4,722	31.00
32.00	03200	CORONARY CARE UNIT	10,402	4,143,206	507,940	362,721	4,774	32.00
43.00	04300	NURSERY	15,783	6,286,504	770,700	474,188	8,293	43.00
44.00	04400	SKILLED NURSING FACILITY	7,090	2,824,095	346,223	0	2,145	44.00
46.00	04600	OTHER LONG TERM CARE	6,388	2,544,498	311,945	0	1,338	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,460	21,293,167	2,610,457	1,601,268	81,363	50.00
50.01	03650	VASCULAR ACCESS CENTER	2,217	882,965	108,248	0	431	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,384	551,190	67,574	83,948	870	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	6,445	2,567,028	314,707	240,534	8,121	50.04
51.00	05100	RECOVERY ROOM	3,877	1,544,211	189,314	137,954	1,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,181	1,665,269	204,155	168,988	3,239	52.00
53.00	05300	ANESTHESIOLOGY	1,528	608,475	74,597	4,282	6,128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,983	11,145,720	1,366,421	1,337,141	6,173	54.00
54.01	05401	TDOC RADIOLOGY	1,443	574,548	70,437	78,219	220	54.01
54.02	05402	CDI RADIOLOGY	20,180	8,037,525	985,368	0	177	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	2,396	954,388	117,004	108,338	509	57.00
57.01	05701	TDOC CT SCAN	679	270,268	33,134	38,032	337	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,457	580,128	71,121	121,655	288	58.00
58.01	05801	TDOC - MRI	1,042	415,028	50,881	66,083	309	58.01
59.00	05900	CARDIAC CATHETERIZATION	4,937	1,966,458	241,080	277,739	1,826	59.00
60.00	06000	LABORATORY	31,687	12,620,752	1,547,254	551,876	59,135	60.00
64.00	06400	INTRAVENOUS THERAPY	38,685	15,408,327	1,888,999	142,974	6,836	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	531	211,325	25,908	7,766	234	64.01
65.00	06500	RESPIRATORY THERAPY	6,351	2,529,493	310,106	49,459	2,807	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	28	11,111	1,362	0	266	65.01
66.00	06600	PHYSICAL THERAPY	11,376	4,530,944	555,476	319,078	1,599	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	3,805	1,515,371	185,778	0	149	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	2,483	989,109	121,261	106,980	256	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,545	615,222	75,424	0	71	67.00
68.00	06800	SPEECH PATHOLOGY	644	256,677	31,468	2,215	31	68.00
69.00	06900	ELECTROCARDIOLOGY	5,124	2,040,718	250,184	114,509	941	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	2,281	908,566	111,387	131,015	597	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
			5.05	5A.05	5.06	6.00	6.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	813	323,759	39,692	58,288	502	70.00
70.01	07001	SLEEP MEDICINE CLINIC	7,522	2,995,870	367,282	242,572	1,614	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,177	14,010,954	1,717,687	0	340,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,556	23,322,736	2,859,274	0	581,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,094	17,562,591	2,153,103	131,960	7,821	73.00
74.00	07400	RENAL DIALYSIS	1,522	606,376	74,339	49,577	1,653	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1,763	702,195	86,086	31,949	75	76.01
76.02	03022	CARDIAC REHAB	5,900	2,350,035	288,105	329,413	952	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,046	416,536	51,066	61,211	2,633	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	1,254	154	0	21	90.00
91.00	09100	EMERGENCY	15,905	6,334,869	776,630	283,852	11,978	91.00
91.01	09101	URGENT CARE CENTERS	21,254	8,465,569	1,037,845	0	10,568	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	453	180,451	22,123	38,386	123	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,648	4,241,213	519,956	38,180	2,764	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,484	2,184,148	267,768	13,967	3,157	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	785,190	312,785,577	33,871,499	13,928,040	1,293,411	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	387	154,244	18,910	45,355	2,044	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,935	10,329,944	1,266,410	159,864	11,145	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,492	594,333	72,863	47,304	935	194.01
194.02	07952	COMMUNITY OUTREACH	2,334	929,585	113,963	36,142	1,589	194.02
194.03	07953	FOUNTAIN CAFE	362	144,113	17,668	80,906	1,976	194.03
194.04	07954	SLEEP RESEARCH	571	227,498	27,890	28,258	96	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	996	396,769	48,642	9,036	37	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	811	322,950	39,592	258,635	0	194.09
194.10	07960	TV STORAGE	9	3,429	420	2,746	0	194.10
194.11	07961	MARKETING	5,585	2,224,424	272,705	45,680	1,051	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	266	106,021	12,998	0	562	194.12
194.13	07963	VOLUNTEERS	867	345,194	42,319	38,977	171	194.13
194.14	07964	RETAIL PHARMACY	12,540	4,994,621	612,321	45,916	1,470	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	1,207	480,619	58,922	0	1,973	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	56	22,135	2,714	13,760	27	194.16
194.17	07967	VALET SERVICES	433	172,538	21,152	0	0	194.17
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	839,041	334,233,994	36,500,988	14,740,619	1,316,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
			6.02	8.00	8.01	9.00	9.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	765,762					6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,569,135				8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	13,870	0	182,120			8.01
9.00	00900	HOUSEKEEPING	0	0	0	4,916,644		9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	410,204	9.01
10.00	01000	DIETARY	0	0	0	144,677	0	10.00
10.01	01001	DIETARY - SURREY	31,105	0	0	0	16,970	10.01
11.00	01100	CAFETERIA	0	0	0	127,132	0	11.00
11.01	01101	CAFETERIA - SURREY	57,503	0	0	0	31,371	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	16,050	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	2,715	0	0	0	1,481	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,616	0	155,769	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	57,644	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	17,485	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	1,948	0	0	0	1,063	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	45,128	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	12,567	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	3,503	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	730,999	0	1,322,221	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,889	0	84,685	0	31.00
32.00	03200	CORONARY CARE UNIT	0	65,542	0	123,298	0	32.00
43.00	04300	NURSERY	0	74,096	0	161,189	0	43.00
44.00	04400	SKILLED NURSING FACILITY	226,589	0	69,975	0	123,618	44.00
46.00	04600	OTHER LONG TERM CARE	398,271	0	112,145	0	217,283	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	245,563	0	544,312	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	28,536	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	50,410	0	81,764	0	50.04
51.00	05100	RECOVERY ROOM	0	16,914	0	46,894	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,590	0	57,443	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,455	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	99,823	0	454,528	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	26,589	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	36,827	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	12,928	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,882	0	41,354	0	58.00
58.01	05801	TDOC - MRI	0	0	0	22,463	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	19,574	0	94,411	0	59.00
60.00	06000	LABORATORY	0	0	0	187,597	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	9,107	0	48,601	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	2,640	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,812	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	708	0	0	0	386	65.01
66.00	06600	PHYSICAL THERAPY	0	3,690	0	108,463	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	30,397	0	0	0	16,583	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	901	0	36,365	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	753	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,477	0	38,925	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	44,535	0	69.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
			6.02	8.00	8.01	9.00	9.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,013	0	19,814	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	82,456	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,857	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,791	0	16,853	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	10,860	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	111,976	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	20,807	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	129,796	0	96,488	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	13,048	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	12,978	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	4,748	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	763,106	1,563,673	182,120	4,640,428	408,755	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,656	0	0	15,417	1,449	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,462	0	54,342	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	16,080	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	12,286	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	27,502	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	9,606	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	3,071	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	87,917	0	194.09
194.10	07960	TV STORAGE	0	0	0	933	0	194.10
194.11	07961	MARKETING	0	0	0	15,528	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	13,249	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	15,608	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	4,677	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	765,762	1,569,135	182,120	4,916,644	410,204	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
			10.00	10.01	11.00	11.01	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	3,653,231					10.00
10.01	01001	DIETARY - SURREY	0	1,692,115				10.01
11.00	01100	CAFETERIA	1,670,923	0	3,408,609			11.00
11.01	01101	CAFETERIA - SURREY	0	41,860	0	173,864		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	42,695	0	2,087,361	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	3,549	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	79,977	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	9,293	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	26,078	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	2,466	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	92,792	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	2,371	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	4,585	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	6,419	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,444,467	0	924,551	0	1,381,762	30.00
31.00	03100	INTENSIVE CARE UNIT	85,332	0	86,128	0	166,477	31.00
32.00	03200	CORONARY CARE UNIT	81,854	0	95,722	0	179,739	32.00
43.00	04300	NURSERY	0	0	143,293	0	235,278	43.00
44.00	04400	SKILLED NURSING FACILITY	0	523,949	0	64,567	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	839,713	0	59,851	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	373,988	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	12,189	0	1,176	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	45,200	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	36,052	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	38,311	0	61,559	52.00
53.00	05300	ANESTHESIOLOGY	0	0	16,304	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	252,031	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	12,345	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	20,039	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	5,099	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	11,026	0	0	58.00
58.01	05801	TDOC - MRI	0	0	8,074	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	37,238	0	0	59.00
60.00	06000	LABORATORY	0	0	173,351	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	62,488	0	27,934	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	2,796	0	5,173	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	76,198	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	89,527	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	26,241	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	4,540	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	19,950	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,128	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	42,583	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	20,240	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,067	0	4,232	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
			10.00	10.01	11.00	11.01	13.00	
70.01	07001	SLEEP MEDICINE CLINIC	469	0	74,386	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	77,897	1,693	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9,103	0	19,046	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	5,010	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	43,925	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	9,952	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	147,609	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	4,965	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,283,045	1,405,522	3,250,222	167,660	2,082,376	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,050	0	5,390	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	85,613	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	6,217	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	113,712	0	2,460	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	4,607	0	0	194.04
194.05	07955	MEALS ON WHEELS	101,204	0	0	0	0	194.05
194.06	07956	GUEST MEALS	57,220	14,359	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	9,952	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	2,326	0	2,775	194.12
194.13	07963	VOLUNTEERS	0	0	9,885	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	22,544	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	272,234	0	4,782	2,210	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	9,393	1,422	0	194.17
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)	3,653,231	1,692,115	3,408,609	173,864	2,087,361	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
			13.01	14.00	16.00	16.01	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	322,906					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,336,825				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	5,529,458			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	335,427		16.01
17.00	01700	SOCIAL SERVICE	0	145	0	0	1,242,694	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	251,555	363,698	0	969,075	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,150	47,259	0	58,961	31.00
32.00	03200	CORONARY CARE UNIT	0	30,459	51,058	0	48,895	32.00
43.00	04300	NURSERY	0	48,791	30,586	0	15,723	43.00
44.00	04400	SKILLED NURSING FACILITY	124,068	11,835	0	60,630	0	44.00
46.00	04600	OTHER LONG TERM CARE	198,838	7,991	0	95,740	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	139,720	407,830	4	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	53,759	41,254	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	17,138	21,308	0	3,931	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	83,319	70,112	0	0	50.04
51.00	05100	RECOVERY ROOM	0	6,434	41,580	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,708	29,572	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	41,046	54,558	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,027	400,084	1,495	8,916	54.00
54.01	05401	TDOC RADIOLOGY	0	1,069	47,527	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	1,060	188,715	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,895	282,943	38	0	57.00
57.01	05701	TDOC CT SCAN	0	1,740	62,372	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,892	82,596	0	0	58.00
58.01	05801	TDOC - MRI	0	1,292	76,572	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	197,952	128,220	0	0	59.00
60.00	06000	LABORATORY	0	415,260	774,164	10,827	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	94,021	347,930	859	51,100	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,465	9,209	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	5,729	70,589	3	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	9	0	757	0	65.01
66.00	06600	PHYSICAL THERAPY	0	6,544	99,759	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	521	7	100,961	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	595	15,594	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	150	15,480	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	78	5,780	26	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,719	136,869	169	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
			13.01	14.00	16.00	16.01	17.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	3,424	89,697	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,179	12,424	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	5,274	32,591	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,559,344	246,366	5,574	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	246,059	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,472	601,231	58,339	0	73.00
74.00	07400	RENAL DIALYSIS	0	7,781	12,818	3	60,399	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	12,920	2	0	76.01
76.02	03022	CARDIAC REHAB	0	1,961	17,474	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,697	13,815	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	16	0	0	90.00
91.00	09100	EMERGENCY	0	60,560	193,923	0	15,915	91.00
91.01	09101	URGENT CARE CENTERS	0	20,052	146,809	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	30	54	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	16,914	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	20,093	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	322,906	4,330,858	5,529,422	335,427	1,232,915	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20	0	0	0	190.00
191.00	19100	RESEARCH	0	3,712	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,779	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	326	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	33	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	235	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	3	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	53	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	1,585	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	36	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	322,906	4,336,825	5,529,458	335,427	1,242,694	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			17.01	19.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	134,431					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,225,756			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,299,935		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,919,595	1,368,655	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	350,535	249,928	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	51,652	0	189,873	135,378	0	44.00
46.00	04600	OTHER LONG TERM CARE	82,779	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	8,346	5,951	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	160,662	114,550	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	12,519	8,926	0	50.04
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	43,817	31,241	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	31,298	22,315	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	20,865	14,877	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	100,153	71,408	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	8,346	5,951	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	35,471	25,290	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
			17.01	19.00	21.00	22.00	23.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	116,845	83,309	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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	2,087	1,488	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	116,845	83,309	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	108,499	77,359	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,431	0	3,225,756	2,299,935	0	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	134,431	0	3,225,756	2,299,935	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	277,338					23.01
23.02	02302	PHARMACY EDUCATION	0	291,415				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	154,790	0	54,248,656	-3,288,250	50,960,406	30.00
31.00	03100	INTENSIVE CARE UNIT	9,145	0	6,015,840	-600,463	5,415,377	31.00
32.00	03200	CORONARY CARE UNIT	8,771	0	5,703,979	0	5,703,979	32.00
43.00	04300	NURSERY	0	0	8,248,641	0	8,248,641	43.00
44.00	04400	SKILLED NURSING FACILITY	40,202	0	4,794,799	-325,251	4,469,548	44.00
46.00	04600	OTHER LONG TERM CARE	64,430	0	4,934,822	0	4,934,822	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	27,297,672	0	27,297,672	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	1,100,954	-14,297	1,086,657	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	787,860	0	787,860	50.02
50.03	05002	PAIN MGMT CENTER	0	0	275,212	-275,212	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	3,482,640	-21,445	3,461,195	50.04
51.00	05100	RECOVERY ROOM	0	0	2,020,466	0	2,020,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,273,834	0	2,273,834	52.00
53.00	05300	ANESTHESIOLOGY	0	0	881,903	-75,058	806,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,254,972	-53,613	15,201,359	54.00
54.01	05401	TDOC RADIOLOGY	0	0	810,954	0	810,954	54.01
54.02	05402	CDI RADIOLOGY	0	0	9,212,845	0	9,212,845	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,524,981	0	1,524,981	57.00
57.01	05701	TDOC CT SCAN	0	0	423,910	0	423,910	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	936,942	0	936,942	58.00
58.01	05801	TDOC - MRI	0	0	640,702	0	640,702	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	3,000,240	-35,742	2,964,498	59.00
60.00	06000	LABORATORY	0	0	16,340,216	0	16,340,216	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	18,089,176	0	18,089,176	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	266,516	0	266,516	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,232,757	-171,561	3,061,196	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	14,599	0	14,599	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,715,080	0	5,715,080	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	1,876,008	0	1,876,008	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	1,275,601	0	1,275,601	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	726,297	0	726,297	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	317,453	-14,297	303,156	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	2,704,855	-60,761	2,644,094	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,309,461	0	1,309,461	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	470,970	0	470,970	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	4,002,668	-200,154	3,802,514	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,880,366	0	18,880,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,009,332	0	27,009,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	291,415	20,947,379	0	20,947,379	73.00
74.00	07400	RENAL DIALYSIS	0	0	864,314	-3,575	860,739	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	849,097	0	849,097	76.01
76.02	03022	CARDIAC REHAB	0	0	3,143,841	0	3,143,841	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	578,717	0	578,717	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,445	0	1,445	90.00
91.00	09100	EMERGENCY	0	0	8,251,774	-200,154	8,051,620	91.00
91.01	09101	URGENT CARE CENTERS	0	0	9,866,701	-185,858	9,680,843	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	259,180	0	259,180	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	4,832,005	0	4,832,005	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,493,881	0	2,493,881	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	277,338	291,415	308,192,513	-5,525,691	302,666,822	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	343,535	0	343,535	190.00
191.00	19100	RESEARCH	0	0	3,712	0	3,712	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	11,922,559	0	11,922,559	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	737,732	0	737,732	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	1,093,891	0	1,093,891	194.02
194.03	07953	FOUNTAIN CAFE	0	0	388,370	0	388,370	194.03
194.04	07954	SLEEP RESEARCH	0	0	298,190	0	298,190	194.04
194.05	07955	MEALS ON WHEELS	0	0	101,204	0	101,204	194.05
194.06	07956	GUEST MEALS	0	0	71,579	0	71,579	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	467,507	0	467,507	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	709,094	0	709,094	194.09
194.10	07960	TV STORAGE	0	0	7,528	0	7,528	194.10
194.11	07961	MARKETING	0	0	2,559,388	0	2,559,388	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	124,682	0	124,682	194.12
194.13	07963	VOLUNTEERS	0	0	449,798	0	449,798	194.13
194.14	07964	RETAIL PHARMACY	0	0	5,692,533	0	5,692,533	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	822,325	0	822,325	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	43,349	0	43,349	194.16
194.17	07967	VALET SERVICES	0	0	204,505	0	204,505	194.17
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)	277,338	291,415	334,233,994	-5,525,691	328,708,303	202.00

COST ALLOCATION STATISTICS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	31	SQUARE FEET	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.01	NONPATIENT TELEPHONES	5	# OF PHONES	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	NONPATIENT TELEPHONES - SURREY	6	# OF PHONES	5.03
5.04	ADMITTING	3	GROSS CHARGES	5.04
5.05	ADMIN & GENERAL - SURREY	-29	ACCUM. COST	5.05
5.06	ADMIN & GENERAL - HOSPITAL	-30	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
6.01	PURCHASING	9	PURCHASES	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2	SQUARE FEET	6.02
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	TOTAL DAYS	8.01
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
9.01	HOUSEKEEPING - SURREY	2	SQUARE FEET	9.01
10.00	DIETARY	10	MEALS SERVED	10.00
10.01	DIETARY - SURREY	22	MEALS SERVED	10.01
11.00	CAFETERIA	11	FTE'S	11.00
11.01	CAFETERIA - SURREY	24	FTE'S	11.01
13.00	NURSING ADMINISTRATION	25	NURSING FTE'S	13.00
13.01	NURSING ADMINISTRATION - SURREY	16	TOTAL DAYS	13.01
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
16.00	MEDICAL RECORDS & LIBRARY	3	GROSS CHARGES	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	7	GROSS CHARGES	16.01
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
17.01	SOCIAL SERVICE - SURREY	16	TOTAL DAYS	17.01
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	59,414	96,194	0	155,608	4.00
5.01	00510	NONPATIENT TELEPHONES	0	18,606	30,124	0	48,730	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	0	0	0	0	5.03
5.04	00540	ADMITTING	0	20,390	33,012	0	53,402	5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	0	27,772	27,772	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	0	769,578	1,245,970	0	2,015,548	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,024,788	1,659,164	0	2,683,952	6.00
6.01	00601	PURCHASING	0	29,293	47,426	0	76,719	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	18,017	18,017	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,009	79,347	0	128,356	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	9,244	9,244	8.01
9.00	00900	HOUSEKEEPING	0	53,306	86,304	0	139,610	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	01000	DIETARY	0	202,410	327,709	0	530,119	10.00
10.01	01001	DIETARY - SURREY	0	0	0	20,731	20,731	10.01
11.00	01100	CAFETERIA	0	177,864	287,967	0	465,831	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	38,324	38,324	11.01
13.00	01300	NURSING ADMINISTRATION	0	22,454	36,354	0	58,808	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	1,810	1,810	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	217,927	352,831	0	570,758	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	80,647	130,570	0	211,217	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	24,462	39,605	0	64,067	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,298	1,298	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	63,136	102,219	0	165,355	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	17,581	28,465	0	46,046	23.01
23.02	02302	PHARMACY EDUCATION	0	4,901	7,935	0	12,836	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,849,853	2,994,957	0	4,844,810	30.00
31.00	03100	INTENSIVE CARE UNIT	0	118,478	191,819	0	310,297	31.00
32.00	03200	CORONARY CARE UNIT	0	172,500	279,282	0	451,782	32.00
43.00	04300	NURSERY	0	225,510	365,108	0	590,618	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	151,016	151,016	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	265,439	265,439	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	761,517	1,232,920	0	1,994,437	50.00
50.01	03650	VASCULAR ACCESS CENTER	280,622	0	0	0	280,622	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	39,923	64,637	0	104,560	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	85,473	114,391	185,203	0	385,067	50.04
51.00	05100	RECOVERY ROOM	0	65,607	106,220	0	171,827	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,366	130,115	0	210,481	52.00
53.00	05300	ANESTHESIOLOGY	0	2,036	3,297	0	5,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	635,906	1,029,551	0	1,665,457	54.00
54.01	05401	TDOC RADIOLOGY	0	37,199	60,226	0	97,425	54.01
54.02	05402	CDI RADIOLOGY	1,807,328	0	0	0	1,807,328	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	51,522	83,416	0	134,938	57.00
57.01	05701	TDOC CT SCAN	0	18,087	29,283	0	47,370	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	57,856	93,670	0	151,526	58.00
58.01	05801	TDOC - MRI	0	31,427	50,882	0	82,309	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	132,085	213,849	0	345,934	59.00
60.00	06000	LABORATORY	77,154	262,457	424,925	0	764,536	60.00
64.00	06400	INTRAVENOUS THERAPY	0	67,994	110,085	0	178,079	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	3,693	5,979	0	9,672	64.01
65.00	06500	RESPIRATORY THERAPY	0	23,521	38,082	0	61,603	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	472	472	65.01
66.00	06600	PHYSICAL THERAPY	196,767	151,745	245,679	0	594,191	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	20,259	20,259	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	50,876	82,370	0	133,246	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
			0	1.00	2.00	2.01	2A	
68.00	06800	SPEECH PATHOLOGY	0	1,053	1,705	0	2,758	68.00
69.00	06900	ELECTROCARDIOLOGY	51,927	54,457	88,168	0	194,552	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	62,307	100,877	0	163,184	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,720	44,880	0	72,600	70.00
70.01	07001	SLEEP MEDICINE CLINIC	40,551	115,360	186,772	0	342,683	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,756	101,605	0	164,361	73.00
74.00	07400	RENAL DIALYSIS	0	23,578	38,173	0	61,751	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	15,194	24,600	0	39,794	76.01
76.02	03022	CARDIAC REHAB	0	156,659	253,637	0	410,296	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	29,110	47,131	0	76,241	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	134,992	218,556	0	353,548	91.00
91.01	09101	URGENT CARE CENTERS	1,203,582	0	0	0	1,203,582	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	18,255	29,556	0	47,811	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	18,157	29,397	0	47,554	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,642	10,754	0	17,396	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,743,404	8,516,555	13,788,562	554,382	26,602,903	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,569	34,922	1,770	58,261	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	76,027	123,090	0	199,117	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	22,496	36,422	0	58,918	194.01
194.02	07952	COMMUNITY OUTREACH	0	17,188	27,828	0	45,016	194.02
194.03	07953	FOUNTAIN CAFE	0	38,477	62,295	0	100,772	194.03
194.04	07954	SLEEP RESEARCH	0	13,439	21,758	0	35,197	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	4,297	6,957	0	11,254	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	122,999	199,140	0	322,139	194.09
194.10	07960	TV STORAGE	0	1,306	2,114	0	3,420	194.10
194.11	07961	MARKETING	0	21,724	35,172	0	56,896	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	18,536	30,011	0	48,547	194.13
194.14	07964	RETAIL PHARMACY	0	21,836	35,354	0	57,190	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	6,544	10,595	0	17,139	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	3,743,404	8,902,993	14,414,220	556,152	27,616,769	202.00

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		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	155,608					4.00
5.01	00510	NONPATIENT TELEPHONES	387	49,117				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	1,523	0	1,523		5.03
5.04	00540	ADMITTING	795	541	0	0	54,738	5.04
5.05	00562	ADMIN & GENERAL - SURREY	532	0	0	319	0	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	16,854	7,470	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,694	835	0	0	0	6.00
6.01	00601	PURCHASING	503	74	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	209	0	0	98	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	76	25	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	20	0	0	25	0	8.01
9.00	00900	HOUSEKEEPING	2,699	369	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	243	0	0	25	0	9.01
10.00	01000	DIETARY	1,803	639	0	0	0	10.00
10.01	01001	DIETARY - SURREY	668	0	0	147	0	10.01
11.00	01100	CAFETERIA	428	147	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,310	418	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	216	0	0	49	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,262	565	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,313	1,130	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	227	0	0	74	0	16.01
17.00	01700	SOCIAL SERVICE	694	369	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	88	0	0	49	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,208	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,444	197	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	86	49	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	181	25	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,967	8,201	0	0	3,589	30.00
31.00	03100	INTENSIVE CARE UNIT	3,905	418	0	0	466	31.00
32.00	03200	CORONARY CARE UNIT	3,622	688	0	0	504	32.00
43.00	04300	NURSERY	4,182	1,769	0	0	302	43.00
44.00	04400	SKILLED NURSING FACILITY	2,024	0	0	369	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,749	0	0	270	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,588	3,956	0	0	4,025	50.00
50.01	03650	VASCULAR ACCESS CENTER	412	123	0	0	407	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	288	98	0	0	210	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,303	541	0	0	692	50.04
51.00	05100	RECOVERY ROOM	1,035	516	0	0	410	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,019	467	0	0	292	52.00
53.00	05300	ANESTHESIOLOGY	307	123	0	0	538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,211	2,850	0	0	3,948	54.00
54.01	05401	TDOC RADIOLOGY	355	270	0	0	469	54.01
54.02	05402	CDI RADIOLOGY	1,431	0	0	0	1,862	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	578	246	0	0	2,792	57.00
57.01	05701	TDOC CT SCAN	153	49	0	0	616	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	306	123	0	0	815	58.00
58.01	05801	TDOC - MRI	238	49	0	0	756	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,130	590	0	0	1,265	59.00
60.00	06000	LABORATORY	4,198	1,843	0	0	7,812	60.00
64.00	06400	INTRAVENOUS THERAPY	2,442	467	0	0	3,434	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	372	25	0	0	91	64.01
65.00	06500	RESPIRATORY THERAPY	1,840	491	0	0	697	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,953	860	0	0	984	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,172	0	0	98	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	58	221	0	0	154	66.02
67.00	06700	OCCUPATIONAL THERAPY	471	246	0	0	153	67.00
68.00	06800	SPEECH PATHOLOGY	198	98	0	0	57	68.00
69.00	06900	ELECTROCARDIOLOGY	1,279	491	0	0	1,351	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	497	418	0	0	885	69.01

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		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	176	197	0	0	123	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,574	1,327	0	0	322	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,431	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,828	835	0	0	5,933	73.00
74.00	07400	RENAL DIALYSIS	366	147	0	0	126	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	518	74	0	0	127	76.01
76.02	03022	CARDIAC REHAB	1,528	835	0	0	172	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	243	172	0	0	136	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	25	0	0	0	90.00
91.00	09100	EMERGENCY	8,190	835	0	0	1,914	91.00
91.01	09101	URGENT CARE CENTERS	7,623	0	0	0	1,449	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	105	74	0	0	1	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,791	393	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,102	369	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	150,267	45,896	0	1,523	54,738	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	66	172	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,066	1,401	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	253	197	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	444	270	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	28	25	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	99	197	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	299	123	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	637	295	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	59	25	0	0	0	194.12
194.13	07963	VOLUNTEERS	215	344	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	742	123	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	295	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	2	49	0	0	0	194.16
194.17	07967	VALET SERVICES	136	0	0	0	0	194.17
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)	155,608	49,117	0	1,523	54,738	202.00

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY	28,623					5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	3,083	2,042,955				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,126	90,104	2,777,711			6.00
6.01	00601	PURCHASING	96	7,671	11,607	96,670		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	58	4,676	0	59	23,117	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	112	8,962	19,419	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	13	1,027	0	15	419	8.01
9.00	00900	HOUSEKEEPING	366	29,306	21,122	746	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	31	2,501	0	78	0	9.01
10.00	01000	DIETARY	235	18,778	80,203	806	0	10.00
10.01	01001	DIETARY - SURREY	125	9,960	0	1,076	939	10.01
11.00	01100	CAFETERIA	92	7,354	70,476	2,456	0	11.00
11.01	01101	CAFETERIA - SURREY	3	264	0	0	1,736	11.01
13.00	01300	NURSING ADMINISTRATION	151	12,108	8,897	45	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	24	1,926	0	6	82	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	277	22,174	86,351	782	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	405	32,406	31,955	51	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	25	1,993	0	2	0	16.01
17.00	01700	SOCIAL SERVICE	88	7,015	9,693	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	10	788	0	8	59	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	239	19,151	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	162	12,951	25,017	74	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	17	1,364	6,966	0	0	23.01
23.02	02302	PHARMACY EDUCATION	21	1,658	1,942	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,018	241,292	732,978	2,798	0	30.00
31.00	03100	INTENSIVE CARE UNIT	348	27,809	46,945	347	0	31.00
32.00	03200	CORONARY CARE UNIT	355	28,431	68,351	351	0	32.00
43.00	04300	NURSERY	539	43,138	89,356	609	0	43.00
44.00	04400	SKILLED NURSING FACILITY	242	19,379	0	157	6,840	44.00
46.00	04600	OTHER LONG TERM CARE	218	17,460	0	98	12,023	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,827	146,114	301,742	5,975	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	76	6,059	0	32	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	47	3,782	15,819	64	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	220	17,615	45,326	596	0	50.04
51.00	05100	RECOVERY ROOM	132	10,596	25,996	82	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	143	11,427	31,844	238	0	52.00
53.00	05300	ANESTHESIOLOGY	52	4,175	807	450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	956	76,482	251,970	453	0	54.00
54.01	05401	TDOC RADIOLOGY	49	3,943	14,740	16	0	54.01
54.02	05402	CDI RADIOLOGY	689	55,153	0	13	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	82	6,549	20,415	37	0	57.00
57.01	05701	TDOC CT SCAN	23	1,855	7,167	25	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50	3,981	22,925	21	0	58.00
58.01	05801	TDOC - MRI	36	2,848	12,453	23	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	169	13,494	52,337	134	0	59.00
60.00	06000	LABORATORY	1,083	86,604	103,995	4,343	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,322	105,732	26,942	502	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	18	1,450	1,463	17	0	64.01
65.00	06500	RESPIRATORY THERAPY	217	17,357	9,320	206	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	76	0	20	21	65.01
66.00	06600	PHYSICAL THERAPY	389	31,091	60,127	117	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	130	10,398	0	11	918	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	85	6,787	20,159	19	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	53	4,222	0	5	0	67.00
68.00	06800	SPEECH PATHOLOGY	22	1,761	417	2	0	68.00
69.00	06900	ELECTROCARDIOLOGY	175	14,003	21,578	69	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	78	6,235	24,688	44	0	69.01

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		Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	28	2,222	10,984	37	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	257	20,558	45,710	119	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,202	96,143	0	25,001	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,001	160,041	0	42,674	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	120,514	24,866	574	0	73.00
74.00	07400	RENAL DIALYSIS	52	4,161	9,342	121	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	60	4,818	6,020	6	0	76.01
76.02	03022	CARDIAC REHAB	202	16,126	62,074	70	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	36	2,858	11,535	193	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	9	0	2	0	90.00
91.00	09100	EMERGENCY	543	43,470	53,489	880	0	91.00
91.01	09101	URGENT CARE CENTERS	726	58,091	0	776	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	15	1,238	7,233	9	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	364	29,103	7,195	203	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	187	14,988	2,632	232	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,783	1,895,775	2,624,588	94,975	23,037	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13	1,058	8,547	150	80	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	886	70,884	30,125	818	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	51	4,078	8,914	69	0	194.01
194.02	07952	COMMUNITY OUTREACH	80	6,379	6,811	117	0	194.02
194.03	07953	FOUNTAIN CAFE	12	989	15,246	145	0	194.03
194.04	07954	SLEEP RESEARCH	20	1,561	5,325	7	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	34	2,723	1,703	3	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	28	2,216	48,737	0	0	194.09
194.10	07960	TV STORAGE	0	24	517	0	0	194.10
194.11	07961	MARKETING	191	15,264	8,608	77	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	9	728	0	41	0	194.12
194.13	07963	VOLUNTEERS	30	2,369	7,345	13	0	194.13
194.14	07964	RETAIL PHARMACY	428	34,273	8,652	108	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	41	3,298	0	145	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	2	152	2,593	2	0	194.16
194.17	07967	VALET SERVICES	15	1,184	0	0	0	194.17
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)	28,623	2,042,955	2,777,711	96,670	23,117	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	156,950					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	10,763				8.01
9.00	00900	HOUSEKEEPING	0	0	194,218			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,878		9.01
10.00	01000	DIETARY	0	0	5,715	0	638,298	10.00
10.01	01001	DIETARY - SURREY	0	0	0	119	0	10.01
11.00	01100	CAFETERIA	0	0	5,022	0	291,947	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	220	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	634	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	10	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	462	0	6,153	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,277	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	691	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	7	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,783	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	496	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	138	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,116	0	52,234	0	252,379	30.00
31.00	03100	INTENSIVE CARE UNIT	4,390	0	3,345	0	14,909	31.00
32.00	03200	CORONARY CARE UNIT	6,556	0	4,871	0	14,302	32.00
43.00	04300	NURSERY	7,411	0	6,367	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,135	0	867	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	6,628	0	1,526	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,562	0	21,501	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,127	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	5,042	0	3,230	0	0	50.04
51.00	05100	RECOVERY ROOM	1,692	0	1,852	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,560	0	2,269	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	57	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,985	0	17,955	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,050	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,455	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	511	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,289	0	1,634	0	0	58.00
58.01	05801	TDOC - MRI	0	0	887	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,958	0	3,729	0	0	59.00
60.00	06000	LABORATORY	0	0	7,410	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	911	0	1,920	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	104	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	664	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	3	0	65.01
66.00	06600	PHYSICAL THERAPY	369	0	4,285	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	116	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	90	0	1,436	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	30	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,548	0	1,538	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,759	0	0	69.01

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		Cost Center Description	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	201	0	783	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,257	0	82	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,772	0	0	73.00
74.00	07400	RENAL DIALYSIS	279	0	666	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	429	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	4,423	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	822	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,983	0	3,811	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	515	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	513	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	188	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,404	10,763	183,308	2,868	573,619	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	609	10	17,131	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	546	0	2,147	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	635	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	485	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	1,086	0	19,868	194.03
194.04	07954	SLEEP RESEARCH	0	0	379	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	17,682	194.05
194.06	07956	GUEST MEALS	0	0	0	0	9,998	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	121	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	3,473	0	0	194.09
194.10	07960	TV STORAGE	0	0	37	0	0	194.10
194.11	07961	MARKETING	0	0	613	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	523	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	617	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	185	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	156,950	10,763	194,218	2,878	638,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	33,765					10.01
11.00	01100	CAFETERIA	0	843,753				11.00
11.01	01101	CAFETERIA - SURREY	835	0	41,382			11.01
13.00	01300	NURSING ADMINISTRATION	0	10,569	0	92,940		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	845	0	4,968	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,797	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	2,212	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	6,455	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	587	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,969	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	587	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	1,135	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	1,589	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	228,860	0	61,524	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	21,320	0	7,412	0	31.00
32.00	03200	CORONARY CARE UNIT	0	23,695	0	8,003	0	32.00
43.00	04300	NURSERY	0	35,470	0	10,476	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,455	0	15,367	0	1,909	44.00
46.00	04600	OTHER LONG TERM CARE	16,756	0	14,245	0	3,059	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	92,575	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	3,017	0	52	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	11,189	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	8,924	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,483	0	2,741	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,036	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	62,387	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,056	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,960	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	1,262	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,729	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,999	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	9,218	0	0	0	59.00
60.00	06000	LABORATORY	0	42,911	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	15,468	0	1,244	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	692	0	230	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	18,862	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	22,161	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,246	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,124	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	4,938	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,517	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,541	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	5,010	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,749	0	188	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	18,413	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,282	403	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,253	0	848	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	1,240	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	10,873	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,464	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	36,539	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	1,229	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,046	804,547	39,905	92,718	4,968	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,334	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,192	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	1,539	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	609	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,140	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	287	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,464	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	576	0	124	0	194.12
194.13	07963	VOLUNTEERS	0	2,447	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	5,580	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	5,432	0	1,138	98	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	2,325	339	0	0	194.17
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)	33,765	843,753	41,382	92,940	4,968	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	708,581					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	281,754				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	4,533			16.01
17.00	01700	SOCIAL SERVICE	24	0	0	89,096		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	2,894	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,101	18,509	0	69,479	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,926	2,405	0	4,227	0	31.00
32.00	03200	CORONARY CARE UNIT	4,977	2,598	0	3,506	0	32.00
43.00	04300	NURSERY	7,972	1,557	0	1,127	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,934	0	821	0	1,112	44.00
46.00	04600	OTHER LONG TERM CARE	1,306	0	1,296	0	1,782	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,828	20,755	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	8,783	2,099	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	2,800	1,084	0	282	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	13,613	3,568	0	0	0	50.04
51.00	05100	RECOVERY ROOM	1,051	2,116	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,220	1,505	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,706	2,776	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,081	20,360	20	639	0	54.00
54.01	05401	TDOC RADIOLOGY	175	2,419	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	173	9,604	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	800	14,399	1	0	0	57.00
57.01	05701	TDOC CT SCAN	284	3,174	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	963	4,203	0	0	0	58.00
58.01	05801	TDOC - MRI	211	3,897	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	32,343	6,525	0	0	0	59.00
60.00	06000	LABORATORY	67,848	39,756	147	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	15,362	17,706	12	3,664	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	239	469	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	936	3,592	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	1	0	10	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,069	5,077	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	85	0	1,359	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	97	794	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	25	788	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	13	294	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	608	6,965	2	0	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	559	4,565	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	519	632	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	862	1,659	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	418,166	12,538	75	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,522	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,691	30,597	790	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,271	652	0	4,330	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	657	0	0	0	76.01
76.02	03022	CARDIAC REHAB	320	889	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	441	703	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1	0	0	0	90.00
91.00	09100	EMERGENCY	9,895	9,869	0	1,141	0	91.00
91.01	09101	URGENT CARE CENTERS	3,276	7,471	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	5	3	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,763	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,283	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	707,606	281,752	4,533	88,395	2,894	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	0	0	0	0	190.00
191.00	19100	RESEARCH	607	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	701	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	53	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	5	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	38	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	1	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	9	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	259	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	2	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	708,581	281,754	4,533	89,096	2,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		44,567				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			207,571			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					56,159	23.01
23.02	02302	PHARMACY EDUCATION						23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
			19.00	21.00	22.00	23.00	23.01	
69.00	06900	ELECTROCARDIOLOGY						69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY						69.01
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	SLEEP MEDICINE CLINIC						70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
76.00	03020	NUTRITION/DIABETES EDUCATION						76.00
76.01	03021	NUTRITION/DIABETES EDUCATION						76.01
76.02	03022	CARDIAC REHAB						76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY						76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
91.01	09101	URGENT CARE CENTERS						91.01
91.02	04950	ADULT DOWN SYNDROME CENTER						91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	19300	NONPAID WORKERS						193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	07951	DEVELOPMENT						194.01
194.02	07952	COMMUNITY OUTREACH						194.02
194.03	07953	FOUNTAIN CAFE						194.03
194.04	07954	SLEEP RESEARCH						194.04
194.05	07955	MEALS ON WHEELS						194.05
194.06	07956	GUEST MEALS						194.06
194.07	07957	PHYSICIAN REFERRAL						194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	07959	VACANT SPACE						194.09
194.10	07960	TV STORAGE						194.10
194.11	07961	MARKETING						194.11
194.12	07962	CHILDBIRTH INSTRUCTION						194.12
194.13	07963	VOLUNTEERS						194.13
194.14	07964	RETAIL PHARMACY						194.14
194.15	07965	REHAB HOSPITAL COVERAGE						194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM						194.16
194.17	07967	VALET SERVICES						194.17
200.00		Cross Foot Adjustments	0	44,567	207,571	0	56,159	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	44,567	207,571	0	56,159	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	CLINICAL PASTORAL EDUCATION						23.01
23.02	02302	PHARMACY EDUCATION	18,390					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,660,855	0	6,660,855		30.00
31.00	03100	INTENSIVE CARE UNIT		453,469	0	453,469		31.00
32.00	03200	CORONARY CARE UNIT		622,592	0	622,592		32.00
43.00	04300	NURSERY		800,893	0	800,893		43.00
44.00	04400	SKILLED NURSING FACILITY		216,627	0	216,627		44.00
46.00	04600	OTHER LONG TERM CARE		343,855	0	343,855		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,652,885	0	2,652,885		50.00
50.01	03650	VASCULAR ACCESS CENTER		298,613	0	298,613		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		133,230	0	133,230		50.02
50.03	05002	PAIN MGMT CENTER		0	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		488,002	0	488,002		50.04
51.00	05100	RECOVERY ROOM		226,229	0	226,229		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		277,689	0	277,689		52.00
53.00	05300	ANESTHESIOLOGY		25,360	0	25,360		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,140,754	0	2,140,754		54.00
54.01	05401	TDOC RADIOLOGY		123,967	0	123,967		54.01
54.02	05402	CDI RADIOLOGY		1,876,253	0	1,876,253		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		187,252	0	187,252		57.00
57.01	05701	TDOC CT SCAN		62,489	0	62,489		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		191,565	0	191,565		58.00
58.01	05801	TDOC - MRI		105,706	0	105,706		58.01
59.00	05900	CARDIAC CATHETERIZATION		468,826	0	468,826		59.00
60.00	06000	LABORATORY		1,132,486	0	1,132,486		60.00
64.00	06400	INTRAVENOUS THERAPY		375,207	0	375,207		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		14,842	0	14,842		64.01
65.00	06500	RESPIRATORY THERAPY		115,785	0	115,785		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		604	0	604		65.01
66.00	06600	PHYSICAL THERAPY		723,673	0	723,673		66.00
66.01	06601	PHYSICAL THERAPY - SURREY		40,792	0	40,792		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		164,270	0	164,270		66.02
67.00	06700	OCCUPATIONAL THERAPY		10,901	0	10,901		67.00
68.00	06800	SPEECH PATHOLOGY		7,167	0	7,167		68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B Part II Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.02	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		254,700	0	254,700		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		207,922	0	207,922		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		90,439	0	90,439		70.00
70.01	07001	SLEEP MEDICINE CLINIC		437,823	0	437,823		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		555,556	0	555,556		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		219,666	0	219,666		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		376,953	0	376,953		73.00
74.00	07400	RENAL DIALYSIS		86,365	0	86,365		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION		53,743	0	53,743		76.01
76.02	03022	CARDIAC REHAB		507,808	0	507,808		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		95,844	0	95,844		76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		37	0	37		90.00
91.00	09100	EMERGENCY		537,107	0	537,107		91.00
91.01	09101	URGENT CARE CENTERS		1,282,994	0	1,282,994		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		58,238	0	58,238		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		90,879	0	90,879		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		40,377	0	40,377		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	25,839,289	0	25,839,289		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		87,434	0	87,434		190.00
191.00	19100	RESEARCH		607	0	607		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		329,883	0	329,883		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	07951	DEVELOPMENT		74,654	0	74,654		194.01
194.02	07952	COMMUNITY OUTREACH		59,655	0	59,655		194.02
194.03	07953	FOUNTAIN CAFE		138,785	0	138,785		194.03
194.04	07954	SLEEP RESEARCH		43,963	0	43,963		194.04
194.05	07955	MEALS ON WHEELS		17,682	0	17,682		194.05
194.06	07956	GUEST MEALS		10,285	0	10,285		194.06
194.07	07957	PHYSICIAN REFERRAL		18,724	0	18,724		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	07959	VACANT SPACE		376,593	0	376,593		194.09
194.10	07960	TV STORAGE		3,998	0	3,998		194.10
194.11	07961	MARKETING		82,581	0	82,581		194.11
194.12	07962	CHILDBIRTH INSTRUCTION		1,562	0	1,562		194.12
194.13	07963	VOLUNTEERS		61,834	0	61,834		194.13
194.14	07964	RETAIL PHARMACY		107,722	0	107,722		194.14
194.15	07965	REHAB HOSPITAL COVERAGE		10,706	0	10,706		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		20,126	0	20,126		194.16
194.17	07967	VALET SERVICES		3,999	0	3,999		194.17
200.00		Cross Foot Adjustments	18,390	326,687	0	326,687		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	18,390	27,616,769	0	27,616,769		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	633,998					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		633,998				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552			2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,231	4,231	0	155,483,606		4.00
5.01	00510	NONPATIENT TELEPHONES	1,325	1,325	0	386,394	1,999	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	0	0	0	62	5.03
5.04	00540	ADMITTING	1,452	1,452	0	794,699	22	5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	0	2,824	531,414	0	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	54,803	54,803	0	16,836,674	304	5.06
6.00	00600	MAINTENANCE & REPAIRS	72,977	72,977	0	1,692,696	34	6.00
6.01	00601	PURCHASING	2,086	2,086	0	502,275	3	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	208,530	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	76,256	1	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	19,622	0	8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,696,176	15	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	242,946	0	9.01
10.00	01000	DIETARY	14,414	14,414	0	1,800,886	26	10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	667,748	0	10.01
11.00	01100	CAFETERIA	12,666	12,666	0	427,287	6	11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,308,865	17	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	215,473	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,260,465	23	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	2,310,859	46	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	226,433	0	16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	693,362	15	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	88,351	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,206,090	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	4,496	0	1,442,584	8	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,252	1,252	0	86,321	2	23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	180,477	1	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	131,731	131,731	0	26,972,687	334	30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	3,900,747	17	31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	3,617,961	28	32.00
43.00	04300	NURSERY	16,059	16,059	0	4,177,615	72	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,356	2,021,965	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	26,991	1,747,146	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	54,229	54,229	0	12,575,463	161	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	411,850	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	2,843	2,843	0	287,958	4	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,301,618	22	50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,034,058	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,723	5,723	0	1,018,180	19	52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	306,299	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,284	45,284	0	6,205,163	116	54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	354,634	11	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,429,984	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,669	3,669	0	577,529	10	57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	152,706	2	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	305,840	5	58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	237,727	2	58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	1,128,597	24	59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,194,127	75	60.00
64.00	06400	INTRAVENOUS THERAPY	4,842	4,842	0	2,439,619	19	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	263	263	0	371,925	1	64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	1,838,522	20	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	48	0	0	65.01
66.00	06600	PHYSICAL THERAPY	10,806	10,806	0	2,950,008	35	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,060	1,171,047	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	57,556	9	66.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	470,042	10	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	197,377	4	68.00
69.00	06900	ELECTROCARDIOLOGY	3,878	3,878	0	1,277,495	20	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	496,583	17	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,974	1,974	0	175,612	8	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,571,375	54	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,469	4,469	0	2,824,866	34	73.00
74.00	07400	RENAL DIALYSIS	1,679	1,679	0	365,636	6	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1,082	1,082	0	517,370	3	76.01
76.02	03022	CARDIAC REHAB	11,156	11,156	0	1,526,511	34	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,073	2,073	0	242,947	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	1	90.00
91.00	09100	EMERGENCY	9,613	9,613	0	8,181,406	34	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	7,615,631	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	104,945	3	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,293	1,293	0	2,788,467	16	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,101,168	15	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	606,479	606,479	56,372	150,148,845	1,868	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	180	65,606	7	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,414	5,414	0	2,064,073	57	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	252,295	8	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	443,128	11	194.02
194.03	07953	FOUNTAIN CAFE	2,740	2,740	0	27,618	1	194.03
194.04	07954	SLEEP RESEARCH	957	957	0	99,058	8	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	306	306	0	298,739	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	8,759	8,759	0	0	0	194.09
194.10	07960	TV STORAGE	93	93	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	636,344	12	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	59,354	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	214,619	14	194.13
194.14	07964	RETAIL PHARMACY	1,555	1,555	0	741,446	5	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	294,614	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	1,561	2	194.16
194.17	07967	VALET SERVICES	0	0	0	136,306	0	194.17
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)	8,902,993	14,414,220	556,152	40,717,585	777,091	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.042620	22.735434	9.834347	0.261877	388.739870	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				155,608	49,117	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.001001	24.570785	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
			5.02	5.03	5.04	5A.05	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0					5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY	0	62				5.03
5.04	00540	ADMITTING	0	0	1,069,853,766			5.04
5.05	00562	ADMIN & GENERAL - SURREY	0	13	0	-839,041	333,394,953	5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	0	0	0	0	36,409,461	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	13,097,865	6.00
6.01	00601	PURCHASING	0	0	0	0	1,115,041	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	4	0	0	679,713	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,302,696	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	1	0	0	149,323	8.01
9.00	00900	HOUSEKEEPING	0	0	0	0	4,260,095	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	1	0	0	363,550	9.01
10.00	01000	DIETARY	0	0	0	0	2,729,616	10.00
10.01	01001	DIETARY - SURREY	0	6	0	0	1,447,808	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,069,031	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	38,324	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,760,044	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	2	0	0	279,961	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,223,304	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,710,718	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	3	0	0	289,764	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,019,661	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	2	0	0	114,480	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,783,814	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,882,550	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	198,341	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	240,965	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	70,375,086	0	35,088,485	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,144,508	0	4,042,487	31.00
32.00	03200	CORONARY CARE UNIT	0	0	9,879,684	0	4,132,804	32.00
43.00	04300	NURSERY	0	0	5,918,346	0	6,270,721	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15	0	0	2,817,005	44.00
46.00	04600	OTHER LONG TERM CARE	0	11	0	0	2,538,110	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	78,914,557	0	21,239,707	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	7,982,655	0	880,748	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	4,122,981	0	549,806	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	13,566,635	0	2,560,583	50.04
51.00	05100	RECOVERY ROOM	0	0	8,045,697	0	1,540,334	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	5,722,145	0	1,661,088	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,556,976	0	606,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	77,415,599	0	11,117,737	54.00
54.01	05401	TDOC RADIOLOGY	0	0	9,196,417	0	573,105	54.01
54.02	05402	CDI RADIOLOGY	0	0	36,516,061	0	8,017,345	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	54,749,115	0	951,992	57.00
57.01	05701	TDOC CT SCAN	0	0	12,068,960	0	269,589	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,982,291	0	578,671	58.00
58.01	05801	TDOC - MRI	0	0	14,816,536	0	413,986	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	24,810,441	0	1,961,521	59.00
60.00	06000	LABORATORY	0	0	149,711,348	0	12,589,065	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	67,323,997	0	15,369,642	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	1,781,886	0	210,794	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	13,658,908	0	2,523,142	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	11,083	65.01
66.00	06600	PHYSICAL THERAPY	0	0	19,303,256	0	4,519,568	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	4	1,270	0	1,511,566	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	3,017,372	0	986,626	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,995,345	0	613,677	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,118,479	0	256,033	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	26,483,968	0	2,035,594	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
			5.02	5.03	5.04	5A.05	5.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	17,356,278	0	906,285	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,404,102	0	322,946	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	6,306,350	0	2,988,348	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	47,671,343	0	13,975,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	47,612,088	0	23,264,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	116,337,186	0	17,518,497	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,480,198	0	604,854	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	2,499,939	0	700,432	76.01
76.02	03022	CARDIAC REHAB	0	0	3,381,258	0	2,344,135	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,673,102	0	415,490	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	3,067	0	1,251	90.00
91.00	09100	EMERGENCY	0	0	37,523,730	0	6,318,964	91.00
91.01	09101	URGENT CARE CENTERS	0	0	28,407,275	0	8,444,315	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	10,451	0	179,998	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,230,565	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	2,178,664	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	62	1,069,846,886	-839,041	312,000,387	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	153,857	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,304,009	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	592,841	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	927,251	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	143,751	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	226,927	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	395,773	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	322,139	194.09
194.10	07960	TV STORAGE	0	0	0	0	3,420	194.10
194.11	07961	MARKETING	0	0	0	0	2,218,839	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	105,755	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	344,327	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	4,982,081	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	479,412	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	6,880	0	22,079	194.16
194.17	07967	VALET SERVICES	0	0	0	0	172,105	194.17
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)	0	51,346	1,069,334		839,041	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	828.161290	0.001000		0.002517	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,523	54,738		28,623	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	24.564516	0.000051		0.000086	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
			5A.06	5.06	6.00	6.01	6.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL	-36,500,988	297,733,006				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	13,130,832	499,210			6.00
6.01	00601	PURCHASING	0	1,117,848	2,086	52,486,207		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	681,424	0	31,818	51,896	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,305,975	3,490	20	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	149,699	0	7,917	940	8.01
9.00	00900	HOUSEKEEPING	0	4,270,818	3,796	404,765	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	364,465	0	42,136	0	9.01
10.00	01000	DIETARY	0	2,736,486	14,414	437,369	0	10.00
10.01	01001	DIETARY - SURREY	0	1,451,452	0	583,920	2,108	10.01
11.00	01100	CAFETERIA	0	1,071,722	12,666	1,333,303	0	11.00
11.01	01101	CAFETERIA - SURREY	0	38,420	0	0	3,897	11.01
13.00	01300	NURSING ADMINISTRATION	0	1,764,474	1,599	24,315	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	280,666	0	3,426	184	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,231,417	15,519	424,365	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,722,575	5,743	27,501	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	290,493	0	1,110	0	16.01
17.00	01700	SOCIAL SERVICE	0	1,022,227	1,742	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	114,768	0	4,605	132	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,790,821	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,887,288	4,496	40,221	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	198,840	1,252	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	241,572	349	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	35,176,803	131,731	1,518,841	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,052,662	8,437	188,242	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,143,206	12,284	190,313	0	32.00
43.00	04300	NURSERY	0	6,286,504	16,059	330,631	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,824,095	0	85,504	15,356	44.00
46.00	04600	OTHER LONG TERM CARE	0	2,544,498	0	53,357	26,991	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	21,293,167	54,229	3,243,735	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	882,965	0	17,175	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	551,190	2,843	34,690	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,567,028	8,146	323,752	0	50.04
51.00	05100	RECOVERY ROOM	0	1,544,211	4,672	44,357	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,665,269	5,723	129,146	0	52.00
53.00	05300	ANESTHESIOLOGY	0	608,475	145	244,316	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,145,720	45,284	246,089	0	54.00
54.01	05401	TDOC RADIOLOGY	0	574,548	2,649	8,759	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,037,525	0	7,073	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	954,388	3,669	20,303	0	57.00
57.01	05701	TDOC CT SCAN	0	270,268	1,288	13,440	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	580,128	4,120	11,462	0	58.00
58.01	05801	TDOC - MRI	0	415,028	2,238	12,339	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,966,458	9,406	72,808	0	59.00
60.00	06000	LABORATORY	0	12,620,752	18,690	2,357,569	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	15,408,327	4,842	272,521	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	211,325	263	9,337	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,529,493	1,675	111,908	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	11,111	0	10,611	48	65.01
66.00	06600	PHYSICAL THERAPY	0	4,530,944	10,806	63,757	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,515,371	0	5,924	2,060	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	989,109	3,623	10,201	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	615,222	0	2,840	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	256,677	75	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,040,718	3,878	37,532	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
			5A.06	5.06	6.00	6.01	6.02	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	908,566	4,437	23,811	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	323,759	1,974	20,027	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,995,870	8,215	64,353	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,010,954	0	13,572,589	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,322,736	0	23,174,521	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,562,591	4,469	311,822	0	73.00
74.00	07400	RENAL DIALYSIS	0	606,376	1,679	65,905	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	702,195	1,082	2,992	0	76.01
76.02	03022	CARDIAC REHAB	0	2,350,035	11,156	37,967	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	416,536	2,073	104,964	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,254	0	841	0	90.00
91.00	09100	EMERGENCY	0	6,334,869	9,613	477,524	0	91.00
91.01	09101	URGENT CARE CENTERS	0	8,465,569	0	421,309	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	180,451	1,300	4,908	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	4,241,213	1,293	110,191	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,184,148	473	125,870	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,500,988	276,284,589	471,691	51,566,160	51,716	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	154,244	1,536	81,493	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,329,944	5,414	444,322	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	594,333	1,602	37,269	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	929,585	1,224	63,347	0	194.02
194.03	07953	FOUNTAIN CAFE	0	144,113	2,740	78,796	0	194.03
194.04	07954	SLEEP RESEARCH	0	227,498	957	3,842	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	396,769	306	1,492	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	322,950	8,759	0	0	194.09
194.10	07960	TV STORAGE	0	3,429	93	0	0	194.10
194.11	07961	MARKETING	0	2,224,424	1,547	41,919	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	106,021	0	22,417	0	194.12
194.13	07963	VOLUNTEERS	0	345,194	1,320	6,820	0	194.13
194.14	07964	RETAIL PHARMACY	0	4,994,621	1,555	58,618	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	480,619	0	78,646	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	22,135	466	1,066	0	194.16
194.17	07967	VALET SERVICES	0	172,538	0	0	0	194.17
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)		36,500,988	14,740,619	1,316,487	765,762	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.122596	29.527892	0.025083	14.755704	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		2,042,955	2,777,711	96,670	23,117	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006862	5.564213	0.001842	0.445449	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
			8.00	8.01	9.00	9.01	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	2,274,873					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	39,818				8.01
9.00	00900	HOUSEKEEPING	0	0	489,838			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	50,956		9.01
10.00	01000	DIETARY	0	0	14,414	0	506,163	10.00
10.01	01001	DIETARY - SURREY	0	0	0	2,108	0	10.01
11.00	01100	CAFETERIA	0	0	12,666	0	231,510	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	3,897	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,599	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	184	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	6,692	0	15,519	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,743	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	1,742	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	132	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,496	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	1,252	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	349	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,059,774	0	131,731	0	200,134	30.00
31.00	03100	INTENSIVE CARE UNIT	63,629	0	8,437	0	11,823	31.00
32.00	03200	CORONARY CARE UNIT	95,021	0	12,284	0	11,341	32.00
43.00	04300	NURSERY	107,422	0	16,059	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	15,299	0	15,356	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	24,519	0	26,991	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	356,008	0	54,229	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	2,843	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	73,082	0	8,146	0	0	50.04
51.00	05100	RECOVERY ROOM	24,521	0	4,672	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,100	0	5,723	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	145	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	144,719	0	45,284	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	2,649	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	3,669	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	1,288	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,173	0	4,120	0	0	58.00
58.01	05801	TDOC - MRI	0	0	2,238	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	28,378	0	9,406	0	0	59.00
60.00	06000	LABORATORY	0	0	18,690	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	13,203	0	4,842	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	263	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,675	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	48	0	65.01
66.00	06600	PHYSICAL THERAPY	5,349	0	10,806	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	2,060	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,306	0	3,623	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	75	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,438	0	3,878	0	0	69.00

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		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
			8.00	8.01	9.00	9.01	10.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	4,437	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,919	0	1,974	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	8,215	0	65	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,469	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,047	0	1,679	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	1,082	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	11,156	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,073	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	188,173	0	9,613	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	1,300	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	1,293	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	473	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,266,954	39,818	462,319	50,776	454,873	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,536	180	13,585	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,919	0	5,414	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	1,602	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	1,224	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	2,740	0	15,755	194.03
194.04	07954	SLEEP RESEARCH	0	0	957	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	14,022	194.05
194.06	07956	GUEST MEALS	0	0	0	0	7,928	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	306	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	8,759	0	0	194.09
194.10	07960	TV STORAGE	0	0	93	0	0	194.10
194.11	07961	MARKETING	0	0	1,547	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	1,320	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	1,555	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	466	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	1,569,135	182,120	4,916,644	410,204	3,653,231	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.689768	4.573811	10.037286	8.050161	7.217499	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	156,950	10,763	194,218	2,878	638,298	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.068993	0.270305	0.396494	0.056480	1.261052	205.00

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		Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
			10.01	11.00	11.01	13.00	13.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	145,888					10.01
11.00	01100	CAFETERIA	0	152,408				11.00
11.01	01101	CAFETERIA - SURREY	3,609	0	12,834			11.01
13.00	01300	NURSING ADMINISTRATION	0	1,909	0	44,386		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	262	0	39,818	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,576	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	686	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	1,166	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	182	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,149	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	106	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	205	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	287	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	41,339	0	29,382	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,851	0	3,540	0	31.00
32.00	03200	CORONARY CARE UNIT	0	4,280	0	3,822	0	32.00
43.00	04300	NURSERY	0	6,407	0	5,003	0	43.00
44.00	04400	SKILLED NURSING FACILITY	45,173	0	4,766	0	15,299	44.00
46.00	04600	OTHER LONG TERM CARE	72,397	0	4,418	0	24,519	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	16,722	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	545	0	25	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,021	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1,612	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,713	0	1,309	0	52.00
53.00	05300	ANESTHESIOLOGY	0	729	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,269	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	552	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	896	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	228	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	493	0	0	0	58.00
58.01	05801	TDOC - MRI	0	361	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	1,665	0	0	0	59.00
60.00	06000	LABORATORY	0	7,751	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,794	0	594	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	125	0	110	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	3,407	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	4,003	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	1,937	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	203	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	892	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	274	0	0	0	68.00

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		Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
			10.01	11.00	11.01	13.00	13.01	
69.00	06900	ELECTROCARDIOLOGY	0	1,904	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	905	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	316	0	90	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	3,326	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,483	125	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	407	0	405	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	224	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	1,964	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	445	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,600	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	222	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,179	145,326	12,376	44,280	39,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	241	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,828	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	278	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	110	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	206	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	1,238	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	445	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	104	0	59	0	194.12
194.13	07963	VOLUNTEERS	0	442	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,008	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	23,471	0	353	47	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	420	105	0	0	194.17
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)	1,692,115	3,408,609	173,864	2,087,361	322,906	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.598726	22.365027	13.547140	47.027464	8.109548	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	33,765	843,753	41,382	92,940	4,968	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.231445	5.536146	3.224404	2.093903	0.124768	205.00

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		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
			14.00	16.00	16.01	17.00	17.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	23,601,250					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6	1,069,853,766				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	18,234,373			16.01
17.00	01700	SOCIAL SERVICE	789	0	0	12,962		17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	39,818	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	44	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,368,976	70,375,086	0	10,108	0	30.00
31.00	03100	INTENSIVE CARE UNIT	164,080	9,144,508	0	615	0	31.00
32.00	03200	CORONARY CARE UNIT	165,760	9,879,684	0	510	0	32.00
43.00	04300	NURSERY	265,524	5,918,346	0	164	0	43.00
44.00	04400	SKILLED NURSING FACILITY	64,408	0	3,296,022	0	15,299	44.00
46.00	04600	OTHER LONG TERM CARE	43,490	0	5,204,673	0	24,519	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	760,364	78,914,557	200	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	292,559	7,982,655	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	93,265	4,122,981	0	41	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	453,426	13,566,635	0	0	0	50.04
51.00	05100	RECOVERY ROOM	35,015	8,045,697	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	107,251	5,722,145	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	223,374	10,556,976	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	702,171	77,415,599	81,275	93	0	54.00
54.01	05401	TDOC RADIOLOGY	5,819	9,196,417	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	5,768	36,516,061	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	26,638	54,749,115	2,044	0	0	57.00
57.01	05701	TDOC CT SCAN	9,468	12,068,960	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,062	15,982,291	0	0	0	58.00
58.01	05801	TDOC - MRI	7,033	14,816,536	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,077,264	24,810,441	0	0	0	59.00
60.00	06000	LABORATORY	2,259,868	149,711,348	588,598	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	511,670	67,323,997	46,716	533	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	7,971	1,781,886	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	31,176	13,658,908	180	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	48	0	41,170	0	0	65.01
66.00	06600	PHYSICAL THERAPY	35,614	19,303,256	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,833	1,270	5,488,186	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,238	3,017,372	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	818	2,995,345	0	0	0	67.00

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		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
			14.00	16.00	16.01	17.00	17.01	
68.00	06800	SPEECH PATHOLOGY	426	1,118,479	1,440	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,238	26,483,968	9,173	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	18,631	17,356,278	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,298	2,404,102	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	28,700	6,306,350	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,928,106	47,671,343	303,006	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,612,088	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,640	116,337,186	3,171,447	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,345	2,480,198	160	630	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	1	2,499,939	83	0	0	76.01
76.02	03022	CARDIAC REHAB	10,671	3,381,258	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	14,678	2,673,102	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,067	0	0	0	90.00
91.00	09100	EMERGENCY	329,569	37,523,730	0	166	0	91.00
91.01	09101	URGENT CARE CENTERS	109,123	28,407,275	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	161	10,451	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	92,046	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	109,350	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,568,773	1,069,846,886	18,234,373	12,860	39,818	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110	0	0	0	0	190.00
191.00	19100	RESEARCH	20,203	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	102	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	1,772	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	180	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,280	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	19	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	289	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	8,624	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	6,880	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	4,336,825	5,529,458	335,427	1,242,694	134,431	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.183754	0.005168	0.018395	95.872088	3.376136	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	708,581	281,754	4,533	89,096	2,894	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030023	0.000263	0.000249	6.873631	0.072681	205.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
			19.00	21.00	22.00	23.00	23.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY						5.03
5.04	00540	ADMITTING						5.04
5.05	00562	ADMIN & GENERAL - SURREY						5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	100					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		1,546				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			1,546			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION				0	105,542	23.01
23.02	02302	PHARMACY EDUCATION				0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		920	920	0	58,906	30.00
31.00	03100	INTENSIVE CARE UNIT		168	168	0	3,480	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	3,338	32.00
43.00	04300	NURSERY		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY		91	91	0	15,299	44.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	24,519	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	4	4	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	77	77	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	6	6	0	0	50.04
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	100	21	21	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15	15	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	10	10	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	48	48	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

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		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
			19.00	21.00	22.00	23.00	23.01	
68.00	06800	SPEECH PATHOLOGY	0	4	4	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17	17	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	56	56	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	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	1	1	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	56	56	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	52	52	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	1,546	1,546	0	105,542	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	0	3,225,756	2,299,935	0	277,338	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,086.517464	1,487.668176	0.000000	2.627750	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	44,567	207,571	0	56,159	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	28.827296	134.263260	0.000000	0.532101	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)	
			23.02	
		GENERAL SERVICE COST CENTERS		
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00511	NONPATIENT TELEPHONES - SURREY		5.03
5.04	00540	ADMITTING		5.04
5.05	00562	ADMIN & GENERAL - SURREY		5.05
5.06	00563	ADMIN & GENERAL - HOSPITAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	PURCHASING		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY		6.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY		8.01
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING - SURREY		9.01
10.00	01000	DIETARY		10.00
10.01	01001	DIETARY - SURREY		10.01
11.00	01100	CAFETERIA		11.00
11.01	01101	CAFETERIA - SURREY		11.01
13.00	01300	NURSING ADMINISTRATION		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY		16.01
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	SOCIAL SERVICE - SURREY		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		23.01
23.02	02302	PHARMACY EDUCATION	100	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	50.02
50.03	05002	PAIN MGMT CENTER	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	50.04
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	TDOC RADIOLOGY	0	54.01
54.02	05402	CDI RADIOLOGY	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
57.01	05701	TDOC CT SCAN	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
58.01	05801	TDOC - MRI	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-1 | Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
			23.02		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0		76.01
76.02	03022	CARDIAC REHAB	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	0		91.00
91.01	09101	URGENT CARE CENTERS	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	07951	DEVELOPMENT	0		194.01
194.02	07952	COMMUNITY OUTREACH	0		194.02
194.03	07953	FOUNTAIN CAFE	0		194.03
194.04	07954	SLEEP RESEARCH	0		194.04
194.05	07955	MEALS ON WHEELS	0		194.05
194.06	07956	GUEST MEALS	0		194.06
194.07	07957	PHYSICIAN REFERRAL	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	07959	VACANT SPACE	0		194.09
194.10	07960	TV STORAGE	0		194.10
194.11	07961	MARKETING	0		194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0		194.12
194.13	07963	VOLUNTEERS	0		194.13
194.14	07964	RETAIL PHARMACY	0		194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0		194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0		194.16
194.17	07967	VALET SERVICES	0		194.17
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)	291,415		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,914.150000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	18,390		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	183.900000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet B-2 | Date/Time Prepared: 11/26/2013 12:35 pm

		Description	Worksheet Part	Worksheet Line No.	Amount	
		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	0	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: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,960,406		50,960,406	357,286	51,317,692	30.00
31.00	03100	INTENSIVE CARE UNIT	5,415,377		5,415,377	0	5,415,377	31.00
32.00	03200	CORONARY CARE UNIT	5,703,979		5,703,979	12,805	5,716,784	32.00
43.00	04300	NURSERY	8,248,641		8,248,641	0	8,248,641	43.00
44.00	04400	SKILLED NURSING FACILITY	4,469,548		4,469,548	0	4,469,548	44.00
46.00	04600	OTHER LONG TERM CARE	4,934,822		4,934,822	0	4,934,822	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,297,672		27,297,672	314,456	27,612,128	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,086,657		1,086,657	0	1,086,657	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	787,860		787,860	0	787,860	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,461,195		3,461,195	0	3,461,195	50.04
51.00	05100	RECOVERY ROOM	2,020,466		2,020,466	0	2,020,466	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,273,834		2,273,834	0	2,273,834	52.00
53.00	05300	ANESTHESIOLOGY	806,845		806,845	0	806,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,201,359		15,201,359	0	15,201,359	54.00
54.01	05401	TDOC RADIOLOGY	810,954		810,954	0	810,954	54.01
54.02	05402	CDI RADIOLOGY	9,212,845		9,212,845	0	9,212,845	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,524,981		1,524,981	0	1,524,981	57.00
57.01	05701	TDOC CT SCAN	423,910		423,910	0	423,910	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	936,942		936,942	0	936,942	58.00
58.01	05801	TDOC - MRI	640,702		640,702	0	640,702	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,964,498		2,964,498	0	2,964,498	59.00
60.00	06000	LABORATORY	16,340,216		16,340,216	38,395	16,378,611	60.00
64.00	06400	INTRAVENOUS THERAPY	18,089,176		18,089,176	304,425	18,393,601	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	266,516		266,516	50,912	317,428	64.01
65.00	06500	RESPIRATORY THERAPY	3,061,196	0	3,061,196	0	3,061,196	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	14,599	0	14,599	0	14,599	65.01
66.00	06600	PHYSICAL THERAPY	5,715,080	0	5,715,080	0	5,715,080	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,876,008	0	1,876,008	0	1,876,008	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,275,601	0	1,275,601	0	1,275,601	66.02
67.00	06700	OCCUPATIONAL THERAPY	726,297	0	726,297	0	726,297	67.00
68.00	06800	SPEECH PATHOLOGY	303,156	0	303,156	0	303,156	68.00
69.00	06900	ELECTROCARDIOLOGY	2,644,094		2,644,094	0	2,644,094	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,309,461		1,309,461	0	1,309,461	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	470,970		470,970	0	470,970	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,802,514		3,802,514	66,129	3,868,643	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,880,366		18,880,366	0	18,880,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,009,332		27,009,332	0	27,009,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,947,379		20,947,379	0	20,947,379	73.00
74.00	07400	RENAL DIALYSIS	860,739		860,739	0	860,739	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	849,097		849,097	0	849,097	76.01
76.02	03022	CARDIAC REHAB	3,143,841		3,143,841	0	3,143,841	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	578,717		578,717	0	578,717	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,445		1,445	0	1,445	90.00
91.00	09100	EMERGENCY	8,051,620		8,051,620	123,502	8,175,122	91.00
91.01	09101	URGENT CARE CENTERS	9,680,843		9,680,843	47,834	9,728,677	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	259,180		259,180	3,625	262,805	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,270,582		2,270,582		2,270,582	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,832,005		4,832,005		4,832,005	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,493,881		2,493,881		2,493,881	116.00
200.00		Subtotal (see instructions)	304,937,404	0	304,937,404	1,319,369	306,256,773	200.00
201.00		Less Observation Beds	2,270,582		2,270,582		2,270,582	201.00
202.00		Total (see instructions)	302,666,822	0	302,666,822	1,319,369	303,986,191	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,752,541		59,752,541			30.00
31.00	03100	INTENSIVE CARE UNIT	9,126,577		9,126,577			31.00
32.00	03200	CORONARY CARE UNIT	9,864,900		9,864,900			32.00
43.00	04300	NURSERY	5,926,996		5,926,996			43.00
44.00	04400	SKILLED NURSING FACILITY	3,296,022		3,296,022			44.00
46.00	04600	OTHER LONG TERM CARE	5,204,673		5,204,673			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,278,927	52,635,830	78,914,757	0.345913	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	30,422	7,952,233	7,982,655	0.136127	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	42,820	4,080,161	4,122,981	0.191090	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,354,623	11,212,012	13,566,635	0.255126	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,830,156	5,215,541	8,045,697	0.251124	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,721,944	2,251,510	7,973,454	0.285176	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,597,877	5,959,099	10,556,976	0.076428	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,500,045	60,996,829	77,496,874	0.196154	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	67,735	9,128,681	9,196,416	0.088182	0.000000	54.01
54.02	05402	CDI RADIOLOGY	207,137	36,308,924	36,516,061	0.252296	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	19,955,295	34,795,865	54,751,160	0.027853	0.000000	57.00
57.01	05701	TDOC CT SCAN	56,649	12,012,311	12,068,960	0.035124	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,107,580	10,874,711	15,982,291	0.058624	0.000000	58.00
58.01	05801	TDOC - MRI	32,957	14,783,579	14,816,536	0.043242	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,803,524	14,006,917	24,810,441	0.119486	0.000000	59.00
60.00	06000	LABORATORY	65,268,246	85,031,700	150,299,946	0.108717	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,663,386	64,707,327	67,370,713	0.268502	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	530	1,781,356	1,781,886	0.149570	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	13,102,666	556,422	13,659,088	0.224114	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	31,170	10,000	41,170	0.354603	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,946,602	13,356,654	19,303,256	0.296068	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,357,492	131,964	5,489,456	0.341748	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	3,017,372	3,017,372	0.422752	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,839,540	155,805	2,995,345	0.242475	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	842,927	276,992	1,119,919	0.270695	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,236,684	9,256,457	26,493,141	0.099803	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	165,491	17,190,787	17,356,278	0.075446	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	494,341	1,909,760	2,404,101	0.195903	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	37,070	6,266,310	6,303,380	0.603250	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,211,066	23,763,283	47,974,349	0.393551	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,191,562	22,420,526	47,612,088	0.567279	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,331,138	47,177,495	119,508,633	0.175279	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,210,153	270,205	2,480,358	0.347022	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	2,157,440	342,582	2,500,022	0.339636	0.000000	76.01
76.02	03022	CARDIAC REHAB	750,652	2,630,606	3,381,258	0.929784	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	125,231	2,547,871	2,673,102	0.216496	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,067	3,067	0.471144	0.000000	90.00
91.00	09100	EMERGENCY	16,642,458	20,881,272	37,523,730	0.214574	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	36,158	28,371,116	28,407,274	0.340787	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	10,451	10,451	24.799541	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,899	8,372,401	8,395,300	0.270459	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,949,476	5,949,476			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,869,631	2,869,631			116.00
200.00		Subtotal (see instructions)	445,424,302	651,473,091	1,096,897,393			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	445,424,302	651,473,091	1,096,897,393			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 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
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.349898		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126		50.04
51.00	05100	RECOVERY ROOM	0.251124		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176		52.00
53.00	05300	ANESTHESIOLOGY	0.076428		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154		54.00
54.01	05401	TDOC RADIOLOGY	0.088182		54.01
54.02	05402	CDI RADIOLOGY	0.252296		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.027853		57.00
57.01	05701	TDOC CT SCAN	0.035124		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624		58.00
58.01	05801	TDOC - MRI	0.043242		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486		59.00
60.00	06000	LABORATORY	0.108973		60.00
64.00	06400	INTRAVENOUS THERAPY	0.273021		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.178142		64.01
65.00	06500	RESPIRATORY THERAPY	0.224114		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603		65.01
66.00	06600	PHYSICAL THERAPY	0.296068		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475		67.00
68.00	06800	SPEECH PATHOLOGY	0.270695		68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.613741		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279		73.00
74.00	07400	RENAL DIALYSIS	0.347022		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636		76.01
76.02	03022	CARDIAC REHAB	0.929784		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496		76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.471144		90.00
91.00	09100	EMERGENCY	0.217865		91.00
91.01	09101	URGENT CARE CENTERS	0.342471		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	25.146397		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459		92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,960,406		50,960,406	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,415,377		5,415,377	0	0	31.00
32.00	03200	CORONARY CARE UNIT	5,703,979		5,703,979	0	0	32.00
43.00	04300	NURSERY	8,248,641		8,248,641	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,469,548		4,469,548	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	4,934,822		4,934,822	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,297,672		27,297,672	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	1,086,657		1,086,657	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	787,860		787,860	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,461,195		3,461,195	0	0	50.04
51.00	05100	RECOVERY ROOM	2,020,466		2,020,466	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,273,834		2,273,834	0	0	52.00
53.00	05300	ANESTHESIOLOGY	806,845		806,845	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,201,359		15,201,359	0	0	54.00
54.01	05401	TDOC RADIOLOGY	810,954		810,954	0	0	54.01
54.02	05402	CDI RADIOLOGY	9,212,845		9,212,845	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,524,981		1,524,981	0	0	57.00
57.01	05701	TDOC CT SCAN	423,910		423,910	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	936,942		936,942	0	0	58.00
58.01	05801	TDOC - MRI	640,702		640,702	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,964,498		2,964,498	0	0	59.00
60.00	06000	LABORATORY	16,340,216		16,340,216	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	18,089,176		18,089,176	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	266,516		266,516	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	3,061,196	0	3,061,196	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	14,599	0	14,599	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,715,080	0	5,715,080	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,876,008	0	1,876,008	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,275,601	0	1,275,601	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	726,297	0	726,297	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	303,156	0	303,156	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,644,094		2,644,094	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,309,461		1,309,461	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	470,970		470,970	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,802,514		3,802,514	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,880,366		18,880,366	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,009,332		27,009,332	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,947,379		20,947,379	0	0	73.00
74.00	07400	RENAL DIALYSIS	860,739		860,739	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	849,097		849,097	0	0	76.01
76.02	03022	CARDIAC REHAB	3,143,841		3,143,841	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	578,717		578,717	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,445		1,445	0	0	90.00
91.00	09100	EMERGENCY	8,051,620		8,051,620	0	0	91.00
91.01	09101	URGENT CARE CENTERS	9,680,843		9,680,843	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	259,180		259,180	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,270,582		2,270,582		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	4,832,005		4,832,005		0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,493,881		2,493,881		0	116.00
200.00		Subtotal (see instructions)	304,937,404	0	304,937,404	0	0	200.00
201.00		Less Observation Beds	2,270,582		2,270,582		0	201.00
202.00		Total (see instructions)	302,666,822	0	302,666,822	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,752,541		59,752,541			30.00
31.00	03100	INTENSIVE CARE UNIT	9,126,577		9,126,577			31.00
32.00	03200	CORONARY CARE UNIT	9,864,900		9,864,900			32.00
43.00	04300	NURSERY	5,926,996		5,926,996			43.00
44.00	04400	SKILLED NURSING FACILITY	3,296,022		3,296,022			44.00
46.00	04600	OTHER LONG TERM CARE	5,204,673		5,204,673			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	26,278,927	52,635,830	78,914,757	0.345913	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER	30,422	7,952,233	7,982,655	0.136127	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	42,820	4,080,161	4,122,981	0.191090	0.000000	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,354,623	11,212,012	13,566,635	0.255126	0.000000	50.04
51.00	05100	RECOVERY ROOM	2,830,156	5,215,541	8,045,697	0.251124	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,721,944	2,251,510	7,973,454	0.285176	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,597,877	5,959,099	10,556,976	0.076428	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,500,045	60,996,829	77,496,874	0.196154	0.000000	54.00
54.01	05401	TDOC RADIOLOGY	67,735	9,128,681	9,196,416	0.088182	0.000000	54.01
54.02	05402	CDI RADIOLOGY	207,137	36,308,924	36,516,061	0.252296	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	19,955,295	34,795,865	54,751,160	0.027853	0.000000	57.00
57.01	05701	TDOC CT SCAN	56,649	12,012,311	12,068,960	0.035124	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,107,580	10,874,711	15,982,291	0.058624	0.000000	58.00
58.01	05801	TDOC - MRI	32,957	14,783,579	14,816,536	0.043242	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,803,524	14,006,917	24,810,441	0.119486	0.000000	59.00
60.00	06000	LABORATORY	65,268,246	85,031,700	150,299,946	0.108717	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,663,386	64,707,327	67,370,713	0.268502	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	530	1,781,356	1,781,886	0.149570	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	13,102,666	556,422	13,659,088	0.224114	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	31,170	10,000	41,170	0.354603	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,946,602	13,356,654	19,303,256	0.296068	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	5,357,492	131,964	5,489,456	0.341748	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	3,017,372	3,017,372	0.422752	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,839,540	155,805	2,995,345	0.242475	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	842,927	276,992	1,119,919	0.270695	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,236,684	9,256,457	26,493,141	0.099803	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	165,491	17,190,787	17,356,278	0.075446	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	494,341	1,909,760	2,404,101	0.195903	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC	37,070	6,266,310	6,303,380	0.603250	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,211,066	23,763,283	47,974,349	0.393551	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,191,562	22,420,526	47,612,088	0.567279	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,331,138	47,177,495	119,508,633	0.175279	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,210,153	270,205	2,480,358	0.347022	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	2,157,440	342,582	2,500,022	0.339636	0.000000	76.01
76.02	03022	CARDIAC REHAB	750,652	2,630,606	3,381,258	0.929784	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	125,231	2,547,871	2,673,102	0.216496	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,067	3,067	0.471144	0.000000	90.00
91.00	09100	EMERGENCY	16,642,458	20,881,272	37,523,730	0.214574	0.000000	91.00
91.01	09101	URGENT CARE CENTERS	36,158	28,371,116	28,407,274	0.340787	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	10,451	10,451	24.799541	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	22,899	8,372,401	8,395,300	0.270459	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,949,476	5,949,476			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,869,631	2,869,631			116.00
200.00		Subtotal (see instructions)	445,424,302	651,473,091	1,096,897,393			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	445,424,302	651,473,091	1,096,897,393			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet C Part I Date/Time Prepared: 11/26/2013 12:35 pm

		Cost Center Description	PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
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	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03022	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY				101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part I Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,660,855	0	6,660,855	61,633	108.07	30.00
31.00	INTENSIVE CARE UNIT	453,469		453,469	3,480	130.31	31.00
32.00	CORONARY CARE UNIT	622,592		622,592	3,338	186.52	32.00
43.00	NURSERY	800,893		800,893	5,663	141.43	43.00
44.00	SKILLED NURSING FACILITY	216,627		216,627	15,299	14.16	44.00
200.00	Total (lines 30-199)	8,754,436		8,754,436	89,413		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	31,302	3,382,807	30.00
31.00	INTENSIVE CARE UNIT	2,020	263,226	31.00
32.00	CORONARY CARE UNIT	1,945	362,781	32.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	9,949	140,878	44.00
200.00	Total (lines 30-199)	45,216	4,149,692	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part II Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,652,885	78,914,757	0.033617	17,710,522	595,375	50.00
50.01	03650	VASCULAR ACCESS CENTER	298,613	7,982,655	0.037408	16,281	609	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	133,230	4,122,981	0.032314	21,736	702	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	488,002	13,566,635	0.035971	1,329,088	47,809	50.04
51.00	05100	RECOVERY ROOM	226,229	8,045,697	0.028118	1,679,532	47,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	277,689	7,973,454	0.034827	401	14	52.00
53.00	05300	ANESTHESIOLOGY	25,360	10,556,976	0.002402	3,723,874	8,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,140,754	77,496,874	0.027624	8,598,868	237,535	54.00
54.01	05401	TDOC RADIOLOGY	123,967	9,196,416	0.013480	28,655	386	54.01
54.02	05402	CDI RADIOLOGY	1,876,253	36,516,061	0.051382	56,372	2,897	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	187,252	54,751,160	0.003420	9,820,419	33,586	57.00
57.01	05701	TDOC CT SCAN	62,489	12,068,960	0.005178	29,037	150	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	191,565	15,982,291	0.011986	2,046,902	24,534	58.00
58.01	05801	TDOC - MRI	105,706	14,816,536	0.007134	21,508	153	58.01
59.00	05900	CARDIAC CATHETERIZATION	468,826	24,810,441	0.018896	6,018,499	113,726	59.00
60.00	06000	LABORATORY	1,132,486	150,299,946	0.007535	34,961,309	263,433	60.00
64.00	06400	INTRAVENOUS THERAPY	375,207	67,370,713	0.005569	1,199,666	6,681	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	14,842	1,781,886	0.008329	298	2	64.01
65.00	06500	RESPIRATORY THERAPY	115,785	13,659,088	0.008477	9,127,630	77,375	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	604	41,170	0.014671	20,947	307	65.01
66.00	06600	PHYSICAL THERAPY	723,673	19,303,256	0.037490	2,551,523	95,657	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,792	5,489,456	0.007431	2,131,187	15,837	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	164,270	3,017,372	0.054441	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	10,901	2,995,345	0.003639	1,098,515	3,997	67.00
68.00	06800	SPEECH PATHOLOGY	7,167	1,119,919	0.006400	275,636	1,764	68.00
69.00	06900	ELECTROCARDIOLOGY	254,700	26,493,141	0.009614	8,681,703	83,466	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	207,922	17,356,278	0.011980	73,696	883	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	90,439	2,404,101	0.037619	466,095	17,534	70.00
70.01	07001	SLEEP MEDICINE CLINIC	437,823	6,303,380	0.069458	192	13	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	555,556	47,974,349	0.011580	2,086,108	24,157	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	219,666	47,612,088	0.004614	12,281,219	56,666	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	376,953	119,508,633	0.003154	38,587,432	121,705	73.00
74.00	07400	RENAL DIALYSIS	86,365	2,480,358	0.034820	1,643,678	57,233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	53,743	2,500,022	0.021497	1,470,806	31,618	76.01
76.02	03022	CARDIAC REHAB	507,808	3,381,258	0.150183	365,565	54,902	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	95,844	2,673,102	0.035855	73,550	2,637	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37	3,067	0.012064	0	0	90.00
91.00	09100	EMERGENCY	537,107	37,523,730	0.014314	8,276,788	118,474	91.00
91.01	09101	URGENT CARE CENTERS	1,282,994	28,407,274	0.045164	12,680	573	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	58,238	10,451	5.572481	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	294,712	8,395,300	0.035104	0	0	92.00
200.00		Total (lines 50-199)	16,904,454	994,906,577		176,487,917	2,148,560	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part III Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	154,790	0	0	154,790	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,145	0		9,145	31.00
32.00	03200	CORONARY CARE UNIT	0	8,771	0		8,771	32.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	40,202	0		40,202	44.00
200.00		Total (lines 30-199)	0	212,908	0		212,908	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,633	2.51	31,302	78,568	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,480	2.63	2,020	5,313	0	31.00
32.00	03200	CORONARY CARE UNIT	3,338	2.63	1,945	5,115	0	32.00
43.00	04300	NURSERY	5,663	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,299	2.63	9,949	26,166	0	44.00
200.00		Total (lines 30-199)	89,413		45,216	115,162	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | 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	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	291,415	0	291,415	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	6,848	0	6,848	92.00
200.00		Total (lines 50-199)	0	0	298,263	0	298,263	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/26/2013 12:35 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)	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	78,914,757	0.000000	0.000000	17,710,522	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	7,982,655	0.000000	0.000000	16,281	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,122,981	0.000000	0.000000	21,736	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	13,566,635	0.000000	0.000000	1,329,088	50.04
51.00	05100	RECOVERY ROOM	0	8,045,697	0.000000	0.000000	1,679,532	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,973,454	0.000000	0.000000	401	52.00
53.00	05300	ANESTHESIOLOGY	0	10,556,976	0.000000	0.000000	3,723,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,496,874	0.000000	0.000000	8,598,868	54.00
54.01	05401	TDOC RADIOLOGY	0	9,196,416	0.000000	0.000000	28,655	54.01
54.02	05402	CDI RADIOLOGY	0	36,516,061	0.000000	0.000000	56,372	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,751,160	0.000000	0.000000	9,820,419	57.00
57.01	05701	TDOC CT SCAN	0	12,068,960	0.000000	0.000000	29,037	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,982,291	0.000000	0.000000	2,046,902	58.00
58.01	05801	TDOC - MRI	0	14,816,536	0.000000	0.000000	21,508	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	24,810,441	0.000000	0.000000	6,018,499	59.00
60.00	06000	LABORATORY	0	150,299,946	0.000000	0.000000	34,961,309	60.00
64.00	06400	INTRAVENOUS THERAPY	0	67,370,713	0.000000	0.000000	1,199,666	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,781,886	0.000000	0.000000	298	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,659,088	0.000000	0.000000	9,127,630	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	41,170	0.000000	0.000000	20,947	65.01
66.00	06600	PHYSICAL THERAPY	0	19,303,256	0.000000	0.000000	2,551,523	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,489,456	0.000000	0.000000	2,131,187	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	3,017,372	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,995,345	0.000000	0.000000	1,098,515	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,119,919	0.000000	0.000000	275,636	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,493,141	0.000000	0.000000	8,681,703	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	17,356,278	0.000000	0.000000	73,696	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,404,101	0.000000	0.000000	466,095	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,303,380	0.000000	0.000000	192	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,974,349	0.000000	0.000000	2,086,108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,612,088	0.000000	0.000000	12,281,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,415	119,508,633	0.002438	0.002438	38,587,432	73.00
74.00	07400	RENAL DIALYSIS	0	2,480,358	0.000000	0.000000	1,643,678	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	2,500,022	0.000000	0.000000	1,470,806	76.01
76.02	03022	CARDIAC REHAB	0	3,381,258	0.000000	0.000000	365,565	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,673,102	0.000000	0.000000	73,550	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,067	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	37,523,730	0.000000	0.000000	8,276,788	91.00
91.01	09101	URGENT CARE CENTERS	0	28,407,274	0.000000	0.000000	12,680	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	10,451	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,848	8,395,300	0.000816	0.000816	0	92.00
200.00		Total (lines 50-199)	298,263	994,906,577			176,487,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/26/2013 12:35 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,849,810	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	2,756,184	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	1,318,460	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,970,421	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	1,464,758	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,685,626	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,028,314	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,060,002	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	8,070,366	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	12,669,503	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	4,346,037	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,970,871	0	0	0	58.00
58.01	05801	TDOC - MRI	0	3,939,652	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	5,523,878	0	0	0	59.00
60.00	06000	LABORATORY	0	3,287,599	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	28,126,355	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	543,501	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	192,182	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	27,156	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	91	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	6,551	0	0	0	66.02
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	3,753,813	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	6,794,947	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,893,639	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	434,318	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	465,282	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,077,119	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,076	18,357,925	44,757	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,163	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	75,285	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	993,198	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	1,256,924	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	5,355,765	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	1,551,829	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	4,478	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	609,814	498	0	0	92.00
200.00		Total (lines 50-199)	94,076	175,465,816	45,255	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part IV Date/Time Prepared: 11/26/2013 12:35 pm

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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	TDOC RADIOLOGY	0	0		54.01
54.02	05402	CDI RADIOLOGY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
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	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03022	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/26/2013 12:35 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.345913	18,849,810	6	32	6,520,394	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	2,756,184	0	417	375,191	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	1,318,460	0	0	251,945	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	2,970,421	0	0	757,832	50.04
51.00	05100	RECOVERY ROOM	0.251124	1,464,758	0	15	367,836	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	3,685,626	0	0	281,685	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	20,028,314	1	4,362	3,928,634	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	3,060,002	0	1,723	269,837	54.01
54.02	05402	CDI RADIOLOGY	0.252296	8,070,366	0	971	2,036,121	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027853	12,669,503	1	3,846	352,884	57.00
57.01	05701	TDOC CT SCAN	0.035124	4,346,037	0	1,423	152,650	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	2,970,871	0	393	174,164	58.00
58.01	05801	TDOC - MRI	0.043242	3,939,652	0	522	170,358	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	5,523,878	22	652	660,026	59.00
60.00	06000	LABORATORY	0.108717	3,287,599	52,373	14	357,418	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	28,126,355	16	92,934	7,551,983	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	543,501	0	0	81,291	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	192,182	0	0	43,071	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	27,156	0	0	8,040	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	91	0	0	31	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	6,551	0	0	2,769	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	3,753,813	0	156	374,642	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	6,794,947	0	237	512,652	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	1,893,639	0	0	370,970	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	434,318	0	0	262,002	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	465,282	0	744	183,112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	10,077,119	0	0	5,716,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	18,357,925	436	65,874	3,217,759	73.00
74.00	07400	RENAL DIALYSIS	0.347022	4,163	0	0	1,445	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	75,285	0	0	25,569	76.01
76.02	03022	CARDIAC REHAB	0.929784	993,198	0	0	923,460	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	1,256,924	171	327	272,119	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.471144	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.214574	5,355,765	0	0	1,149,208	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	1,551,829	0	31	528,843	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	4,478	0	0	111,052	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	609,814	0	0	164,930	92.00
200.00		Subtotal (see instructions)		175,465,816	53,026	174,673	38,158,461	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		175,465,816	53,026	174,673	38,158,461	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/26/2013 12:35 pm

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2	11		50.00
50.01	03650	VASCULAR ACCESS CENTER	0	57		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	05100	RECOVERY ROOM	0	4		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	856		54.00
54.01	05401	TDOC RADIOLOGY	0	152		54.01
54.02	05402	CDI RADIOLOGY	0	245		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	107		57.00
57.01	05701	TDOC CT SCAN	0	50		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23		58.00
58.01	05801	TDOC - MRI	0	23		58.01
59.00	05900	CARDIAC CATHETERIZATION	3	78		59.00
60.00	06000	LABORATORY	5,694	2		60.00
64.00	06400	INTRAVENOUS THERAPY	4	24,953		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	16		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	18		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	293		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76	11,546		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	03022	CARDIAC REHAB	0	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	37	71		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	URGENT CARE CENTERS	0	11		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	5,816	38,516		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	5,816	38,516		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	291,415	0	291,415	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	291,415	0	291,415	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	78,914,757	0.000000	0.000000	50,484	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	7,982,655	0.000000	0.000000	91	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	4,122,981	0.000000	0.000000	6	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0.000000	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	13,566,635	0.000000	0.000000	1,061	50.04
51.00	05100	RECOVERY ROOM	0	8,045,697	0.000000	0.000000	5,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,973,454	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,556,976	0.000000	0.000000	26,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,496,874	0.000000	0.000000	52,642	54.00
54.01	05401	TDOC RADIOLOGY	0	9,196,416	0.000000	0.000000	74	54.01
54.02	05402	CDI RADIOLOGY	0	36,516,061	0.000000	0.000000	47	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	54,751,160	0.000000	0.000000	1,163	57.00
57.01	05701	TDOC CT SCAN	0	12,068,960	0.000000	0.000000	5	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,982,291	0.000000	0.000000	0	58.00
58.01	05801	TDOC - MRI	0	14,816,536	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	24,810,441	0.000000	0.000000	9,052	59.00
60.00	06000	LABORATORY	0	150,299,946	0.000000	0.000000	376,463	60.00
64.00	06400	INTRAVENOUS THERAPY	0	67,370,713	0.000000	0.000000	2,842	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,781,886	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,659,088	0.000000	0.000000	14,187	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	41,170	0.000000	0.000000	332	65.01
66.00	06600	PHYSICAL THERAPY	0	19,303,256	0.000000	0.000000	1,183,126	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	5,489,456	0.000000	0.000000	1,305,772	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	3,017,372	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	2,995,345	0.000000	0.000000	783,358	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,119,919	0.000000	0.000000	258,328	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,493,141	0.000000	0.000000	10,468	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	17,356,278	0.000000	0.000000	107	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,404,101	0.000000	0.000000	21	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	6,303,380	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,974,349	0.000000	0.000000	31,853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,612,088	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	291,415	119,508,633	0.002438	0.002438	2,090,312	73.00
74.00	07400	RENAL DIALYSIS	0	2,480,358	0.000000	0.000000	140	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	2,500,022	0.000000	0.000000	2,341	76.01
76.02	03022	CARDIAC REHAB	0	3,381,258	0.000000	0.000000	143	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	2,673,102	0.000000	0.000000	128	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,067	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	37,523,730	0.000000	0.000000	310	91.00
91.01	09101	URGENT CARE CENTERS	0	28,407,274	0.000000	0.000000	68	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	10,451	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,395,300	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	291,415	994,906,577			6,206,950	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
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	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,096	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	5,096	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part IV
Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	TDOC - MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
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	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2012 To 06/30/2013

Worksheet D Part V
Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.345913	0	0	3	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	0	0	38	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.251124	0	0	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	0	0	392	0	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	0	0	155	0	54.01
54.02	05402	CDI RADIOLOGY	0.252296	0	0	87	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027853	0	0	346	0	57.00
57.01	05701	TDOC CT SCAN	0.035124	0	0	128	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	0	0	35	0	58.00
58.01	05801	TDOC - MRI	0.043242	0	0	47	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	0	0	59	0	59.00
60.00	06000	LABORATORY	0.108717	0	0	1	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	0	0	8,352	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	0	0	14	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	0	0	21	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	0	0	67	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	0	0	5,920	0	73.00
74.00	07400	RENAL DIALYSIS	0.347022	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0.929784	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	0	0	29	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.471144	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.214574	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	0	0	3	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	15,698	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	15,698	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part V
Date/Time Prepared:
11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	1	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	5	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77	54.00
54.01	05401	TDOC RADIOLOGY	0	14	54.01
54.02	05402	CDI RADIOLOGY	0	22	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	10	57.00
57.01	05701	TDOC CT SCAN	0	4	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2	58.00
58.01	05801	TDOC - MRI	0	2	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	7	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,243	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	2	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	26	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,038	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	6	76.03
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	1	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	3,461	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	3,461	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.345913	0	835,855	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	0	278,345	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	0	36,383	0	0	50.04
51.00	05100	RECOVERY ROOM	0.251124	0	87,420	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	0	317,087	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	0	105,775	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	0	800,850	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	0	123,729	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.252296	0	246,057	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027853	0	481,814	0	0	57.00
57.01	05701	TDOC CT SCAN	0.035124	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	0	100,370	0	0	58.00
58.01	05801	TDOC - MRI	0.043242	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	0	62,149	0	0	59.00
60.00	06000	LABORATORY	0.108717	0	880,166	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	0	1,171,147	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	0	5,569	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	0	9,025	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	0	26,411	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	500	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	0	536	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	0	458	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	0	68,362	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	0	64,500	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	0	7,493	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	0	78,261	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	0	399,147	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	0	195,919	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	0	703,345	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.347022	0	48,775	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	0	6,185	0	0	76.01
76.02	03022	CARDIAC REHAB	0.929784	0	1,438	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	0	34,331	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.471144	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.214574	0	806,540	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	0	975,888	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	0	2,158	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	0	187,620	0	0	92.00
200.00		Subtotal (see instructions)		0	9,149,608	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	9,149,608	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D Part V Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	289,133	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	37,890	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	9,282	0		50.04
51.00	05100	RECOVERY ROOM	21,953	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,426	0		52.00
53.00	05300	ANESTHESIOLOGY	8,084	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,090	0		54.00
54.01	05401	TDOC RADIOLOGY	10,911	0		54.01
54.02	05402	CDI RADIOLOGY	62,079	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	13,420	0		57.00
57.01	05701	TDOC CT SCAN	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,884	0		58.00
58.01	05801	TDOC - MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	7,426	0		59.00
60.00	06000	LABORATORY	95,689	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	175,168	0		64.01
65.00	06500	RESPIRATORY THERAPY	1,248	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	3,200	0		65.01
66.00	06600	PHYSICAL THERAPY	7,819	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	211	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	130	0		67.00
68.00	06800	SPEECH PATHOLOGY	124	0		68.00
69.00	06900	ELECTROCARDIOLOGY	6,823	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,866	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,468	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	47,211	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,085	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,141	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,282	0		73.00
74.00	07400	RENAL DIALYSIS	16,926	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	2,101	0		76.01
76.02	03022	CARDIAC REHAB	1,337	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	7,433	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	173,063	0		91.00
91.01	09101	URGENT CARE CENTERS	332,570	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	53,517	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	50,744	0		92.00
200.00		Subtotal (see instructions)	2,086,734	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,086,734	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	61,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	61,633	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.	22,813	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	36,093	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)	31,302	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)	51,317,692	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)	51,317,692	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	68,057,722	28.00
29.00	Private room charges (excluding swing-bed charges)	20,165,335	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	47,892,387	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.754032	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	883.94	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,326.92	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	51,317,692	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)	832.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	26,062,984	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)	26,062,984	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-1 | Date/Time Prepared: 11/26/2013 12:35 pm

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	5,415,377	3,480	1,556.14	2,020	3,143,403	43.00
44.00	CORONARY CARE UNIT	5,716,784	3,338	1,712.64	1,945	3,331,085	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	36,830,285	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	69,367,757	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)	4,097,810	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,242,636	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,340,446	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	63,027,311	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)	2,727	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	832.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,270,582	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179

Period: From 07/01/2012 To 06/30/2013

Worksheet D-1

Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII Hospital PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,660,855	51,317,692	0.129796	2,270,582	294,712	90.00
91.00	Nursing School cost	0	51,317,692	0.000000	2,270,582	0	91.00
92.00	Allied health cost	154,790	51,317,692	0.003016	2,270,582	6,848	92.00
93.00	All other Medical Education	0	51,317,692	0.000000	2,270,582	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,299	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,299	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.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	15,299	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)	9,949	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)	4,469,548	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)	4,469,548	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,469,548	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,469,548	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	292.15	71.00
72.00	Program routine service cost (line 9 x line 71)	2,906,600	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)	2,906,600	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	2,906,600	83.00
84.00	Program inpatient ancillary services (see instructions)	1,515,065	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)	4,421,665	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: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	61,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	61,633	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.	22,813	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	36,093	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)	774	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)	5,663	15.00
16.00	Nursery days (title V or XIX only)	63	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)	50,960,406	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)	50,960,406	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	68,057,722	28.00
29.00	Private room charges (excluding swing-bed charges)	20,165,335	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	47,892,387	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.748782	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	883.94	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,326.92	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	50,960,406	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)	826.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	639,974	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)	639,974	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-1 | Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,248,641	5,663	1,456.59	63	91,765	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,415,377	3,480	1,556.14	58	90,256	43.00
44.00	CORONARY CARE UNIT	5,703,979	3,338	1,708.80	16	27,341	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,383,999	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,233,335	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)	2,727	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	826.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,254,793	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Hospital	Cost

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,299	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,299	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.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	15,299	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)	0	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)	5,663	15.00
16.00	Nursery days (title V or XIX only)	63	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)	4,469,548	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)	4,469,548	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,469,548	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Skilled Nursing Facility	Cost

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,469,548	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	292.15	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)	216,627	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	14.16	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0	83.00
84.00	Program inpatient ancillary services (see instructions)	2,662	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)	2,662	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: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Skilled Nursing Facility	Cost

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-3 | Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		32,255,102		30.00
31.00	03100	INTENSIVE CARE UNIT		5,167,181		31.00
32.00	03200	CORONARY CARE UNIT		5,555,736		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.349898	17,710,522	6,196,876	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	16,281	2,216	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	21,736	4,154	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	1,329,088	339,085	50.04
51.00	05100	RECOVERY ROOM	0.251124	1,679,532	421,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	401	114	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	3,723,874	284,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	8,598,868	1,686,702	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	28,655	2,527	54.01
54.02	05402	CDI RADIOLOGY	0.252296	56,372	14,222	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027853	9,820,419	273,528	57.00
57.01	05701	TDOC CT SCAN	0.035124	29,037	1,020	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	2,046,902	119,998	58.00
58.01	05801	TDOC - MRI	0.043242	21,508	930	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	6,018,499	719,126	59.00
60.00	06000	LABORATORY	0.108973	34,961,309	3,809,839	60.00
64.00	06400	INTRAVENOUS THERAPY	0.273021	1,199,666	327,534	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.178142	298	53	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	9,127,630	2,045,630	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	20,947	7,428	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	2,551,523	755,424	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	2,131,187	728,329	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	1,098,515	266,362	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	275,636	74,613	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	8,681,703	866,460	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	73,696	5,560	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	466,095	91,309	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.613741	192	118	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	2,086,108	820,990	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	12,281,219	6,966,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	38,587,432	6,763,566	73.00
74.00	07400	RENAL DIALYSIS	0.347022	1,643,678	570,392	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	1,470,806	499,539	76.01
76.02	03022	CARDIAC REHAB	0.929784	365,565	339,896	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	73,550	15,923	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.471144	0	0	90.00
91.00	09100	EMERGENCY	0.217865	8,276,788	1,803,222	91.00
91.01	09101	URGENT CARE CENTERS	0.342471	12,680	4,343	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	25.146397	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		176,487,917	36,830,285	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		176,487,917		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2012 To 06/30/2013

Worksheet D-3
Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.345913	50,484	17,463	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	91	12	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	6	1	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	1,061	271	50.04
51.00	05100	RECOVERY ROOM	0.251124	5,395	1,355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	26,631	2,035	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	52,642	10,326	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	74	7	54.01
54.02	05402	CDI RADIOLOGY	0.252296	47	12	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027853	1,163	32	57.00
57.01	05701	TDOC CT SCAN	0.035124	5	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	0	0	58.00
58.01	05801	TDOC - MRI	0.043242	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	9,052	1,082	59.00
60.00	06000	LABORATORY	0.108717	376,463	40,928	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	2,842	763	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	14,187	3,180	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	332	118	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	1,183,126	350,286	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	1,305,772	446,245	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	783,358	189,945	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	258,328	69,928	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	10,468	1,045	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	107	8	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	21	4	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	31,853	12,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	2,090,312	366,388	73.00
74.00	07400	RENAL DIALYSIS	0.347022	140	49	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	2,341	795	76.01
76.02	03022	CARDIAC REHAB	0.929784	143	133	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	128	28	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.471144	0	0	90.00
91.00	09100	EMERGENCY	0.214574	310	67	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	68	23	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,206,950	1,515,065	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)		6,206,950		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet D-3 | Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,185,464		30.00
31.00	03100	INTENSIVE CARE UNIT		151,481		31.00
32.00	03200	CORONARY CARE UNIT		61,664		32.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.345913	279,223	96,587	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	74,559	19,022	50.04
51.00	05100	RECOVERY ROOM	0.251124	47,284	11,874	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	653,311	186,309	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	84,947	6,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	315,397	61,866	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.252296	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027853	415,163	11,564	57.00
57.01	05701	TDOC CT SCAN	0.035124	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	144,189	8,453	58.00
58.01	05801	TDOC - MRI	0.043242	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	183,961	21,981	59.00
60.00	06000	LABORATORY	0.108717	1,478,998	160,792	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	52,353	14,057	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	201,132	45,076	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	41,905	12,407	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	27,178	6,590	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	7,865	2,129	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	267,819	26,729	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	1,068	81	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	10,983	2,152	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	572	345	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	527,176	207,471	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	204,471	115,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	1,476,231	258,752	73.00
74.00	07400	RENAL DIALYSIS	0.347022	30,399	10,549	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	33,935	11,526	76.01
76.02	03022	CARDIAC REHAB	0.929784	9,980	9,279	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	232	50	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.471144	0	0	90.00
91.00	09100	EMERGENCY	0.214574	341,245	73,222	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	9,806	2,652	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,921,382	1,383,999	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)		6,921,382		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2012
To 06/30/2013

Worksheet D-3
Date/Time Prepared:
11/26/2013 12:35 pm

Title XIX | Skilled Nursing Facility | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.345913	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.136127	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.191090	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.255126	0	0	50.04
51.00	05100	RECOVERY ROOM	0.251124	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.285176	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.076428	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.196154	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.088182	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.252296	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.027853	0	0	57.00
57.01	05701	TDOC CT SCAN	0.035124	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058624	0	0	58.00
58.01	05801	TDOC - MRI	0.043242	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.119486	0	0	59.00
60.00	06000	LABORATORY	0.108717	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.268502	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.149570	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.224114	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.354603	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.296068	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.341748	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.422752	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.242475	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.270695	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.099803	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.075446	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195903	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.603250	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.393551	6,764	2,662	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.567279	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175279	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.347022	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03021	NUTRITION/DIABETES EDUCATION	0.339636	0	0	76.01
76.02	03022	CARDIAC REHAB	0.929784	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.216496	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.471144	0	0	90.00
91.00	09100	EMERGENCY	0.214574	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.340787	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.799541	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.270459	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,764	2,662	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)		6,764		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1
	0	1.00	1.01

	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		56,836,474		1.00
2.00	Outlier payments for discharges. (see instructions)		2,776,484		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		14,902,353		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		378.35		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)		40.04		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)		2.33		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.		0.00		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)		37.71		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		40.62		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)		37.71		12.00
13.00	Total allowable FTE count for the prior year.		37.71		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.		37.71		14.00
15.00	Sum of lines 12 through 14 divided by 3.		37.71		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		37.71		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.099670		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.091039		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.091039		21.00
22.00	IME payment adjustment (see instructions)		3,478,544		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)		2.91		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		3,478,544		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		3.40		31.00
32.00	Sum of lines 30 and 31		3.40		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		0		34.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1	
		0	1.00	1.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		63,091,502		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)		63,091,502		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,158,894		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).		1,711,812		52.00
53.00	Nursing and Allied Health Managed Care payment		153,521		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)		0		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).		88,996		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		94,076		58.00
59.00	Total (sum of amounts on lines 49 through 58)		70,298,801		59.00
60.00	Primary payer payments		33,666		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		70,265,135		61.00
62.00	Deductibles billed to program beneficiaries		5,737,608		62.00
63.00	Coinsurance billed to program beneficiaries		170,685		63.00
64.00	Allowable bad debts (see instructions)		741,057		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		518,740		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		423,436		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,875,582		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)		-2,748		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-282,273		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		64,590,561		71.00
71.01	Sequestration adjustment (see instructions)		322,953		71.01
72.00	Interim payments		64,212,108		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		55,500		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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet DSH | Date/Time Prepared: 11/26/2013 12:35 pm

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	3.40	0.00			3.40	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	3.40	0.00			3.40	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	378.35	0.00			378.35	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.31	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	842	0			842	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	69	0			69	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,550	0			1,550	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,461	0			2,461	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	71,387	0			71,387	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,021	0			1,021	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	72,408	0			72,408	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	3.40	0.00			3.40	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	10.04		0.00	True	29.00
30.00	Line 28 or 29 as applicable		10.04		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00

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

CALCULATION OF DSH PAYMENT PERCENTAGE	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

		Revised Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	10.04		29.00
30.00	Line 28 or 29 as applicable	10.04		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	44,332	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	38,113,206	2.00
3.00	PPS payments	39,625,677	3.00
4.00	Outlier payment (see instructions)	26,859	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	45,255	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	44,332	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	227,699	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)	227,699	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	227,699	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	183,367	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)	44,332	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)	39,697,791	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)	8,305,834	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)	31,436,289	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	852,247	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)	32,288,536	30.00
31.00	Primary payer payments	4,168	31.00
32.00	Subtotal (line 30 minus line 31)	32,284,368	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	717	33.00
34.00	Allowable bad debts (see instructions)	544,506	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	381,154	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	258,455	36.00
37.00	Subtotal (see instructions)	32,666,239	37.00
38.00	MSP-LCC reconciliation amount from PS&R	579	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	32,665,660	40.00
40.01	Sequestration adjustment (see instructions)	163,328	40.01
41.00	Interim payments	32,399,464	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	102,868	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3,461	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		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	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	3,461	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	15,698	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)	15,698	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	15,698	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	12,237	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)	3,461	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)	0	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)		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)	3,461	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)	3,461	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	3,461	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	3,461	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3,461	40.00
40.01	Sequestration adjustment (see instructions)	17	40.01
41.00	Interim payments	3,139	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	305	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)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/26/2013 12:35 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		64,212,108		32,262,464	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	01/23/2013	137,000	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		137,000	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)		64,212,108		32,399,464	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		378,453		266,196	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		64,590,561		32,665,660	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: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,981,182		3,139	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,981,182		3,139	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		39,046		322	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,020,228		3,461	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: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/26/2013 12:35 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	15,140	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	35,267	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	8,530	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	65,724	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	1,096,897,393	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	10,624,398	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)	3,228,709	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	3,228,709	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	3,361,552	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)	-132,843	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VI Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	4,463,185	1.00
2.00	Routine service other pass through costs	26,166	2.00
3.00	Ancillary service other pass through costs	5,096	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,494,447	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	497,321	7.00
8.00	Allowable bad debts (see instructions)	32,879	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	289	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	23,102	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	4,020,228	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	4,020,228	15.00
15.01	Sequestration adjustment (see instructions)	20,101	15.01
16.00	Interim payments	3,981,182	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17	18,945	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet E-3 Part VII Date/Time Prepared: 11/26/2013 12:35 pm

		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,233,335		1.00
2.00	Medical and other services			2,086,734	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,233,335	2,086,734	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,233,335	2,086,734	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		6,921,382	9,149,608	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		6,921,382	9,149,608	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		6,921,382	9,149,608	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		4,688,047	7,062,874	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,233,335	2,086,734	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,233,335	2,086,734	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,233,335	2,086,734	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,233,335	2,086,734	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,233,335	2,086,734	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		131,210		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,364,545	2,086,734	40.00
41.00	Interim payments		1,850,313	2,067,532	41.00
42.00	Balance due provider/program (line 40 minus 41)		514,232	19,202	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Skilled Nursing Facility	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	2,662		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,662	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,662	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	6,764	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	6,764	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	6,764	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,102	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	2,662	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	2,662	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	2,662	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,662	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,662	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,662	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	2,662	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet E-4 | Date/Time Prepared: 11/26/2013 12:35 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.			39.33	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			1.81	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))			0.00	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			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			40.62	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	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.	39.62	0.00	39.62	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.	36.60	0.00	36.60	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	36.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.59	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.56	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.58	0.00		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	36.58	0.00		17.00
18.00	Per resident amount	108,164.21	102,421.95		18.00
19.00	Approved amount for resident costs	3,956,647	0	3,956,647	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)			3.10	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)			98,648.04	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)			3,956,647	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	35,267	8,530		26.00
27.00	Total Inpatient Days (see instructions)	65,724	65,724		27.00
28.00	Ratio of inpatient days to total inpatient days	0.536592	0.129785		28.00
29.00	Program direct GME amount	2,123,105	513,513		29.00
30.00	Reduction for direct GME payments for Medicare managed care		72,559		30.00
31.00	Net Program direct GME amount			2,564,059	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/26/2013 12:35 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)	2,480,358	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)	76,768,804	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	33,666	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	76,735,138	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	38,207,765	42.00
43.00	Primary payer payments (see instructions)	4,168	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	38,203,597	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	114,938,735	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.667618	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.332382	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,564,059	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	1,711,812	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	852,247	50.00

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

Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet E-4 | Date/Time Prepared: 11/26/2013 12:35 pm

Title XIX | Hospital | Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	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			1.81	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))			0.00	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			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			40.62	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	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.	39.63	0.00	39.63	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.	36.61	0.00	36.61	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	36.61	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	36.59	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.56	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.59	0.00		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	36.59	0.00		17.00
18.00	Per resident amount	108,164.21	102,421.95		18.00
19.00	Approved amount for resident costs	3,957,728	0	3,957,728	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)			3.10	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)			98,648.04	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)			3,957,728	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	848	1,550		26.00
27.00	Total Inpatient Days (see instructions)	65,724	65,724		27.00
28.00	Ratio of inpatient days to total inpatient days	0.012902	0.023583		28.00
29.00	Program direct GME amount	51,063	93,335		29.00
30.00	Reduction for direct GME payments for Medicare managed care		13,188		30.00
31.00	Net Program direct GME amount			131,210	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/26/2013 12:35 pm
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	131,210	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

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

Provider CCN: 260179

Period: From 07/01/2012 To 06/30/2013

Worksheet G

Date/Time Prepared: 11/26/2013 12:35 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	61,949,936	0	0	0	1.00
2.00	Temporary investments	105,734,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	101,229,174	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-54,001,104	0	0	0	6.00
7.00	Inventory	6,183,616	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,849,172	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)	227,944,794	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,769,085	0	0	0	12.00
13.00	Land improvements	11,452,972	0	0	0	13.00
14.00	Accumulated depreciation	-5,457,395	0	0	0	14.00
15.00	Buildings	283,861,267	0	0	0	15.00
16.00	Accumulated depreciation	-159,424,780	0	0	0	16.00
17.00	Leasehold improvements	7,744,119	0	0	0	17.00
18.00	Accumulated depreciation	-4,279,878	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	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	193,156,137	0	0	0	23.00
24.00	Accumulated depreciation	-145,708,053	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	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)	197,178,122	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	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	77,217,112	5,733,780	5,087,340	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	77,217,112	5,733,780	5,087,340	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	502,340,028	5,733,780	5,087,340	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,609,532	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,432,236	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,215,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,615,852	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,872,620	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	90,595,534	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	27,589,717	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	118,185,251	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	165,057,871	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	337,282,157				52.00
53.00	Specific purpose fund		5,733,780			53.00
54.00	Donor created - endowment fund balance - restricted			5,087,340		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	337,282,157	5,733,780	5,087,340	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	502,340,028	5,733,780	5,087,340	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260179

Period: From 07/01/2012 To 06/30/2013

Worksheet G-1

Date/Time Prepared: 11/26/2013 12:35 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		305,225,400		5,419,228		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,361,552				2.00
3.00	Total (sum of line 1 and line 2)		323,586,952		5,419,228		3.00
4.00	Additions (credit adjustments) (specify)	13,960,483		1,621,077		678,411	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		13,960,483		1,621,077		10.00
11.00	Subtotal (line 3 plus line 10)		337,547,435		7,040,305		11.00
12.00	Deductions (debit adjustments) (specify)	265,278		1,306,525		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		265,278		1,306,525		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		337,282,157		5,733,780		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	4,408,929		29,240	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)	4,408,929		29,240	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	678,411		0	10.00
11.00	Subtotal (line 3 plus line 10)	5,087,340		29,240	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	5,087,340		29,240	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/26/2013 12:35 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	65,679,537		65,679,537	1.00
2.00	SUBPROVIDER - IPF				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	3,296,022		3,296,022	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	5,204,673		5,204,673	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,180,232		74,180,232	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,126,577		9,126,577	11.00
12.00	CORONARY CARE UNIT	9,864,900		9,864,900	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,991,477		18,991,477	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,171,709		93,171,709	17.00
18.00	Ancillary services	352,152,597	642,753,982	994,906,579	18.00
19.00	Outpatient services	0	0	0	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		5,949,476	5,949,476	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	0	2,869,631	2,869,631	26.00
27.00	MEDICAL GROUP	0	97,844,545	97,844,545	27.00
27.01	NON-REIMB/PRO FEES	0	26,038,679	26,038,679	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	445,324,306	775,456,313	1,220,780,619	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		364,531,421		29.00
30.00	MEDICAL GROUP EXPENSE	54,356,860			30.00
31.00	FRA EXPENSE	22,061,323			31.00
32.00	MISCELLANEOUS	1,483			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)		76,419,666		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)		440,951,087		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet G-3 | Date/Time Prepared: 11/26/2013 12:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,220,780,619	1.00
2.00	Less contractual allowances and discounts on patients' accounts	788,867,619	2.00
3.00	Net patient revenues (line 1 minus line 2)	431,913,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	440,951,087	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,038,087	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	1,620,047	6.00
7.00	Income from investments	1,418,678	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	483	9.00
10.00	Purchase discounts	0	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	1,752,598	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	0	17.00
18.00	Revenue from sale of medical records and abstracts	909	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	376	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	440,242	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	8,257,403	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYSICIAN MEALS	4,000	24.00
24.01	JOINT VENTURE REVENUE	1,397,122	24.01
24.02	OTHER OPERATING	840,447	24.02
24.03	RETAIL PHARMACY	4,731,838	24.03
24.04	MEDICAL GROUP OTHER INCOME	7,047,875	24.04
24.05	ASSETS RELEASED FROM RESTRICTIONS	499,996	24.05
24.06	GAIN ON SALE OF ASSETS, NET	26,069	24.06
24.07	MEANINGFUL USE INCOME	3,361,552	24.07
25.00	Total other income (sum of lines 6-24)	31,399,635	25.00
26.00	Total (line 5 plus line 25)	22,361,548	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
27.01		0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	3,999,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,361,552	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H
Date/Time Prepared: 11/26/2013 12:35 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	589,472	142,862	3,427	0	465,793	1,201,554	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,280,157	310,254	82,418	0	0	1,672,829	6.00
7.00	Physical Therapy	699,479	169,523	41,320	0	0	910,322	7.00
8.00	Occupational Therapy	170,196	41,248	13,475	0	0	224,919	8.00
9.00	Speech Pathology	20,463	4,959	2,525	0	0	27,947	9.00
10.00	Medical Social Services	39,244	9,511	1,958	0	0	50,713	10.00
11.00	Home Health Aide	28,020	6,791	6,155	0	0	40,966	11.00
12.00	Supplies (see instructions)	0	0	0	0	64,740	64,740	12.00
13.00	Drugs	0	0	0	0	792	792	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,827,031	685,148	151,278	0	531,325	4,194,782	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-181,426	1,020,128	-24,514	995,614			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-310,254	1,362,575	0	1,362,575			6.00
7.00	Physical Therapy	-169,523	740,799	0	740,799			7.00
8.00	Occupational Therapy	-41,248	183,671	0	183,671			8.00
9.00	Speech Pathology	-4,959	22,988	0	22,988			9.00
10.00	Medical Social Services	-9,511	41,202	0	41,202			10.00
11.00	Home Health Aide	-6,791	34,175	0	34,175			11.00
12.00	Supplies (see instructions)	0	64,740	0	64,740			12.00
13.00	Drugs	0	792	0	792			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-723,712	3,471,070	-24,514	3,446,556			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H-1 Part I
Date/Time Prepared: 11/26/2013 12:35 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	995,614	0	0	0	0	995,614	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,362,575	0	0	0	0	1,362,575	6.00
7.00	Physical Therapy	740,799	0	0	0	0	740,799	7.00
8.00	Occupational Therapy	183,671	0	0	0	0	183,671	8.00
9.00	Speech Pathology	22,988	0	0	0	0	22,988	9.00
10.00	Medical Social Services	41,202	0	0	0	0	41,202	10.00
11.00	Home Health Aide	34,175	0	0	0	0	34,175	11.00
12.00	Supplies (see instructions)	64,740	0	0	0	0	64,740	12.00
13.00	Drugs	792	0	0	0		792	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,446,556	0	0	0	0	3,446,556	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	995,614		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	553,502	1,916,077	6.00
7.00	Physical Therapy	300,925	1,041,724	7.00
8.00	Occupational Therapy	74,610	258,281	8.00
9.00	Speech Pathology	9,338	32,326	9.00
10.00	Medical Social Services	16,737	57,939	10.00
11.00	Home Health Aide	13,882	48,057	11.00
12.00	Supplies (see instructions)	26,298	91,038	12.00
13.00	Drugs	322	1,114	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		3,446,556	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-1
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	1,293				0		1.00
2.00	Capital Related - Movable Equipment		1,293			0		2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	804	804	804	0	-995,614	2,450,942	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	297	297	297	0	0	1,362,575	6.00
7.00	Physical Therapy	126	126	126	0	0	740,799	7.00
8.00	Occupational Therapy	35	35	35	0	0	183,671	8.00
9.00	Speech Pathology	4	4	4	0	0	22,988	9.00
10.00	Medical Social Services	13	13	13	0	0	41,202	10.00
11.00	Home Health Aide	14	14	14	0	0	34,175	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	64,740	12.00
13.00	Drugs	0	0	0		0	792	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,293	1,293	1,293	0	-995,614	2,450,942	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		995,614	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.406217	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H-2 Part I
Date/Time Prepared: 11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	11,290	18,279	0	144,270	1,555	1.00
2.00	Skilled Nursing Care	1,916,077	4,171	6,752	0	335,244	3,110	2.00
3.00	Physical Therapy	1,041,724	1,769	2,865	0	183,177	1,166	3.00
4.00	Occupational Therapy	258,281	491	796	0	44,570	389	4.00
5.00	Speech Pathology	32,326	56	91	0	5,359	0	5.00
6.00	Medical Social Services	57,939	183	296	0	10,277	0	6.00
7.00	Home Health Aide	48,057	197	318	0	7,338	0	7.00
8.00	Supplies (see instructions)	91,038	0	0	0	0	0	8.00
9.00	Drugs	1,114	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,446,556	18,157	29,397	0	730,235	6,220	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	Subtotal	
		5.02	5.03	5.04	5A.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	175,394	441	175,835	1.00
2.00	Skilled Nursing Care	0	0	0	2,265,354	5,702	2,271,056	2.00
3.00	Physical Therapy	0	0	0	1,230,701	3,098	1,233,799	3.00
4.00	Occupational Therapy	0	0	0	304,527	766	305,293	4.00
5.00	Speech Pathology	0	0	0	37,832	95	37,927	5.00
6.00	Medical Social Services	0	0	0	68,695	173	68,868	6.00
7.00	Home Health Aide	0	0	0	55,910	141	56,051	7.00
8.00	Supplies (see instructions)	0	0	0	91,038	229	91,267	8.00
9.00	Drugs	0	0	0	1,114	3	1,117	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,230,565	10,648	4,241,213	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-2
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	21,557	23,741	1,140	0	0	0	1.00
2.00	Skilled Nursing Care	278,421	8,770	0	0	0	0	2.00
3.00	Physical Therapy	151,259	3,721	0	0	0	0	3.00
4.00	Occupational Therapy	37,428	1,033	0	0	0	0	4.00
5.00	Speech Pathology	4,650	118	0	0	0	0	5.00
6.00	Medical Social Services	8,443	384	0	0	0	0	6.00
7.00	Home Health Aide	6,872	413	0	0	0	0	7.00
8.00	Supplies (see instructions)	11,189	0	1,624	0	0	0	8.00
9.00	Drugs	137	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	519,956	38,180	2,764	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	8,070	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	2,981	0	0	0	0	0	2.00
3.00	Physical Therapy	1,265	0	0	0	0	0	3.00
4.00	Occupational Therapy	351	0	0	0	0	0	4.00
5.00	Speech Pathology	40	0	0	0	0	0	5.00
6.00	Medical Social Services	130	0	0	0	0	0	6.00
7.00	Home Health Aide	141	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	12,978	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-2
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	5,018	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	11,896	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	16,914	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-2
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	235,361	0	235,361			1.00
2.00	Skilled Nursing Care	0	2,561,228	0	2,561,228	131,143	2,692,371	2.00
3.00	Physical Therapy	0	1,390,044	0	1,390,044	71,174	1,461,218	3.00
4.00	Occupational Therapy	0	344,105	0	344,105	17,619	361,724	4.00
5.00	Speech Pathology	0	42,735	0	42,735	2,188	44,923	5.00
6.00	Medical Social Services	0	77,825	0	77,825	3,985	81,810	6.00
7.00	Home Health Aide	0	63,477	0	63,477	3,250	66,727	7.00
8.00	Supplies (see instructions)	0	115,976	0	115,976	5,938	121,914	8.00
9.00	Drugs	0	1,254	0	1,254	64	1,318	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,832,005	0	4,832,005	235,361	4,832,005	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.051203		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H-2 Part II
Date/Time Prepared: 11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	OTHER ADMINISTRATIVE AND GENERAL	
		1.00	2.00	2.01	4.00	5.01	5.02	
1.00	Administrative and General	804	804	0	550,908	4	0	1.00
2.00	Skilled Nursing Care	297	297	0	1,280,157	8	0	2.00
3.00	Physical Therapy	126	126	0	699,479	3	0	3.00
4.00	Occupational Therapy	35	35	0	170,196	1	0	4.00
5.00	Speech Pathology	4	4	0	20,463	0	0	5.00
6.00	Medical Social Services	13	13	0	39,244	0	0	6.00
7.00	Home Health Aide	14	14	0	28,020	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	1,293	0	2,788,467	16	0	20.00
21.00	Total cost to be allocated	18,157	29,397	0	730,235	6,220	0	21.00
22.00	Unit cost multiplier	14.042537	22.735499	0.000000	0.261877	388.750000	0.000000	22.00

	Cost Center Description	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	
		5.03	5.04	5A.05	5.05	5A.06	5.06	
1.00	Administrative and General	0	0	0	175,394	0	175,835	1.00
2.00	Skilled Nursing Care	0	0	0	2,265,354	0	2,271,056	2.00
3.00	Physical Therapy	0	0	0	1,230,701	0	1,233,799	3.00
4.00	Occupational Therapy	0	0	0	304,527	0	305,293	4.00
5.00	Speech Pathology	0	0	0	37,832	0	37,927	5.00
6.00	Medical Social Services	0	0	0	68,695	0	68,868	6.00
7.00	Home Health Aide	0	0	0	55,910	0	56,051	7.00
8.00	Supplies (see instructions)	0	0	0	91,038	0	91,267	8.00
9.00	Drugs	0	0	0	1,114	0	1,117	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0		4,230,565		4,241,213	20.00
21.00	Total cost to be allocated	0	0		10,648		519,956	21.00
22.00	Unit cost multiplier	0.000000	0.000000		0.002517		0.122596	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H-2 Part II
Date/Time Prepared: 11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	
		6.00	6.01	6.02	8.00	8.01	9.00	
1.00	Administrative and General	804	45,451	0	0	0	804	1.00
2.00	Skilled Nursing Care	297	0	0	0	0	297	2.00
3.00	Physical Therapy	126	0	0	0	0	126	3.00
4.00	Occupational Therapy	35	0	0	0	0	35	4.00
5.00	Speech Pathology	4	0	0	0	0	4	5.00
6.00	Medical Social Services	13	0	0	0	0	13	6.00
7.00	Home Health Aide	14	0	0	0	0	14	7.00
8.00	Supplies (see instructions)	0	64,740	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	110,191	0	0	0	1,293	20.00
21.00	Total cost to be allocated	38,180	2,764	0	0	0	12,978	21.00
22.00	Unit cost multiplier	29.528229	0.025084	0.000000	0.000000	0.000000	10.037123	22.00

	Cost Center Description	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	
		9.01	10.00	10.01	11.00	11.01	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
		13.01	14.00	16.00	16.01	17.00	17.01	
1.00	Administrative and General	0	27,306	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	64,740	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	92,046	0	0	0	0	20.00
21.00	Total cost to be allocated	0	16,914	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.183756	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)	
		19.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260179
HHA CCN: 267561

Period: From 07/01/2012 To 06/30/2013

Worksheet H-3 Part I
Date/Time Prepared: 11/26/2013 12:35 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,692,371		2,692,371	17,266	155.93	1.00
2.00	Physical Therapy	3.00	1,461,218	0	1,461,218	12,245	119.33	2.00
3.00	Occupational Therapy	4.00	361,724	0	361,724	3,475	104.09	3.00
4.00	Speech Pathology	5.00	44,923	0	44,923	349	128.72	4.00
5.00	Medical Social Services	6.00	81,810		81,810	276	296.41	5.00
6.00	Home Health Aide	7.00	66,727		66,727	1,161	57.47	6.00
7.00	Total (sum of lines 1-6)		4,708,773	0	4,708,773	34,772		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	6,564	2,727			8.00
9.00	Physical Therapy		41180	4,420	1,970			9.00
10.00	Occupational Therapy		41180	1,438	584			10.00
11.00	Speech Pathology		41180	152	61			11.00
12.00	Medical Social Services		41180	106	73			12.00
13.00	Home Health Aide		41180	452	292			13.00
14.00	Total (sum of lines 8-13)			13,132	5,707			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	121,914	21,280	143,194	54,072	2.648210	15.00
16.00	Cost of Drugs	9.00	1,318	193	1,511	1,100	1.373636	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Cost of Services Part B Not Subject to Deductibles & Coinsurance	Cost of Services Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	6,564	2,727		1,023,525	425,221		1.00
2.00	Physical Therapy	4,420	1,970		527,439	235,080		2.00
3.00	Occupational Therapy	1,438	584		149,681	60,789		3.00
4.00	Speech Pathology	152	61		19,565	7,852		4.00
5.00	Medical Social Services	106	73		31,419	21,638		5.00
6.00	Home Health Aide	452	292		25,976	16,781		6.00
7.00	Total (sum of lines 1-6)	13,132	5,707		1,777,605	767,361		7.00

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2012
To 06/30/2013

Worksheet H-3
Part I
Date/Time Prepared:
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	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		500	600		687	824	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,448,746		1.00
2.00	Physical Therapy	762,519		2.00
3.00	Occupational Therapy	210,470		3.00
4.00	Speech Pathology	27,417		4.00
5.00	Medical Social Services	53,057		5.00
6.00	Home Health Aide	42,757		6.00
7.00	Total (sum of lines 1-6)	2,544,966		7.00
	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
9.00	Physical Therapy			9.00
10.00	Occupational Therapy			10.00
11.00	Speech Pathology			11.00
12.00	Medical Social Services			12.00
13.00	Home Health Aide			13.00
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2012 To 06/30/2013	Worksheet H-3 Part II Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.296068	0	0	col. 2, line 2.00		1.00
1.01	Physical Therapy 1	66.01	0.341748	0	0	col. 2, line 2.01		1.01
1.02	Physical Therapy 2	66.02	0.422752	0	0	col. 2, line 2.02		1.02
2.00	Occupational Therapy	67.00	0.242475	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.270695	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.393551	54,072	21,280	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.175279	1,100	193	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2012 To 06/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	687	824	1.00
2.00	Total charges	2,274,588	987,827	600	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	2,274,588	987,827	600	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,274,588	987,140	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	224	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	1,511	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	2,160,350	961,752	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	10,848	16,420	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	31,266	20,028	13.00
14.00	Total PPS Reimbursement - PEP Episodes	42,305	11,087	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	2,357	1,788	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	545	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	2,247,671	1,012,586	22.00
23.00	Excess reasonable cost (from line 8)	0	224	23.00
24.00	Subtotal (line 22 minus line 23)	2,247,671	1,012,362	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	2,247,671	1,012,362	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	2,247,671	1,012,362	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-8,090	-3,188	30.00
31.00	Subtotal (line 29 plus/minus line 30)	2,239,581	1,009,174	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	2,239,581	1,007,887	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	0	1,287	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2012 To 06/30/2013	Worksheet H-5 Date/Time Prepared: 11/26/2013 12:35 pm
		Home Health Agency I	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		2,239,581		1,007,887	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			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			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. H-4, Part II, column as appropriate, line 32)		2,239,581		1,007,887	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1,287	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,239,581		1,009,174	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260179
Component CCN: 262321

Period:
From 07/01/2012
To 06/30/2013

Worksheet I-1
Date/Time Prepared:
11/26/2013 12:35 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	365,635	Hours of Service	8,473.09	4.07	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	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	365,635				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	3,433	Percentage of Time			13.00
14.00	Supplies	57,085	Requisitions			14.00
15.00	Drugs	12,799	Requisitions			15.00
16.00	Other	3,587	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	442,539				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	23,578	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	38,173	Percentage of Time			19.00
20.00	Employee Benefits Department	95,752	Salary			20.00
21.00	Administrative & General	80,673	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	68,083	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	7,781	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	104,160	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	860,739				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	5,031		30.00
31.00	Total costs (sum of lines 27-30)	860,739				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: 260179
Component CCN: 262321

Period: From 07/01/2012 To 06/30/2013

Worksheet I-2

Date/Time Prepared: 11/26/2013 12:35 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary				
		Building	Equipment	RNs	Other	Employee Benefits Department	Drugs	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Total Renal Department Costs	91,661	41,606	365,635	0	95,752	12,799	1.00
	MAINTENANCE							
2.00	Hemodialysis	15,122	7,073	60,328	0	15,802	2,113	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	CCDP	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	CCDP	0	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	76,539	34,533	305,307	0	79,950	10,686	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						11,030	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)	91,661	41,606	365,635	0	95,752	12,799	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 cols. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	64,866	0	672,319	188,420	860,739		1.00
	MAINTENANCE							
2.00	Hemodialysis	10,705	0	111,143	31,148	142,291		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	CCDP	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	CCDP	0	0	0	0	0		11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	54,161	0	561,176	157,272	718,448		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)	64,866	0	672,319	188,420	860,739		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					860,739		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Component CCN: 262321

Period: From 07/01/2012 To 06/30/2013

Worksheet I-3
Date/Time Prepared: 11/26/2013 12:35 pm

Renal Dialysis

			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		91,661	41,606	365,635	0	95,752	1.00
	MAINTENANCE							
2.00	Hemodialysis		277	17.00	1,398.00	0.00	60,339	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	CCDP		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	CCDP		0	0.00	0.00	0.00	0	11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	201	1,402	83.00	7,075.00	0.00	305,296	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		1,679	100.00	8,473.00	0.00	365,635	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		54.592615	416.060000	43.152956	0.000000	0.261879	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	12,799	64,866	0	672,319	188,420		1.00
	MAINTENANCE							
2.00	Hemodialysis	292	10,876	830				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	CCDP	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	CCDP	0	0	0				11.00
	OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,477	55,029	4,201				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	1,769	65,905	5,031		672,319		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	7.235161	0.984235	0.000000		0.280254		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260179
Component CCN: 262321

Period: From 07/01/2012 To 06/30/2013

Worksheet I-4
Date/Time Prepared: 11/26/2013 12:35 pm

Rate 0 Renal Dialysis

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
1.00	Maintenance - Hemodialysis	201	142,291	707.92	0	45	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	Patient Weeks (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
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)	201	142,291		0	45	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	201					12.00

		Number of Program Treatments (on/after Jan. 1)	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
1.00	Maintenance - Hemodialysis	25	49,554	0	9,340	7,530	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0	0	2.00
3.00	Training - Hemodialysis	0	0	0	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0	0	8.00
		Patient Weeks (on/after Jan. 1)			(prior to Jan. 1)	(on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	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)	25	49,554	0	9,340	7,530	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

		Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)			
		7.00	7.01	7.02			
1.00	Maintenance - Hemodialysis	241.01	207.56	301.20			1.00
2.00	Maintenance - Peritoneal Dialysis	0.00	0.00	0.00			2.00
3.00	Training - Hemodialysis	0.00	0.00	0.00			3.00
4.00	Training - Peritoneal Dialysis	0.00	0.00	0.00			4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00			5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00			6.00
7.00	Home Program - Hemodialysis	0.00	0.00	0.00			7.00
8.00	Home Program - Peritoneal Dialysis	0.00	0.00	0.00			8.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 260179 Component CCN: 262321	Period: From 07/01/2012 To 06/30/2013	Worksheet I-4 Date/Time Prepared: 11/26/2013 12:35 pm
	Rate 0	Renal Dialysis	

		7.00	7.01	7.02		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0.00	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)					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: 260179 | Period: From 07/01/2012 To 06/30/2013 | Worksheet I-5 | Date/Time Prepared: 11/26/2013 12:35 pm

		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)	49,554		1.00
2.00	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. I-4, col. 6.01, line 11) (see instructions)	9,340	9,340	2.01
2.02	Total payment due(from Wkst. I-4, col. 6.02, line 11) (see instructions)	7,530	7,531	2.02
2.03	Total payment due (see instructions)	16,870	16,871	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)	0	0	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	3,374	3,374	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	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)	3,374	3,374	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	717	717	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)	717	717	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	717		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	2,657	2,657	8.00
9.00	Program payment (see instructions)	0	13,497	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	46,897	33,400	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	717		11.00
	PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE			
12.00	Total allowable expenses (see instructions)	142,291		12.00
13.00	Total composite costs (from Wkst. I-4, col. 2, line 11)	142,291		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2012 To 06/30/2013

Worksheet K
Date/Time Prepared: 11/26/2013 12:35 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	397,452	0	3,027	0	870,733	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	564,162	0	37,737	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	91,514	0	7,864	0	0	15.00
16.00	Spiritual Counseling	173	0	2,757	0	0	16.00
17.00	Dietary Counseling	0	0	11,900	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	63,696	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,116,997	0	63,285	0	870,733	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,271,212	-159,117	1,112,095	-24,832	1,087,263	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	601,899	0	601,899	0	601,899	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	99,378	0	99,378	0	99,378	15.00
16.00	Spiritual Counseling	2,930	0	2,930	0	2,930	16.00
17.00	Dietary Counseling	11,900	0	11,900	0	11,900	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	63,696	0	63,696	0	63,696	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,051,015	-159,117	1,891,898	-24,832	1,867,066	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-1

Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	120,786	0	0	119,011	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	564,162	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	91,514	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	120,786	0	91,514	119,011	564,162	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-1

Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	157,655	397,452		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	564,162		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	91,514		15.00
16.00	Spiritual Counseling		0	173	173		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		63,696	0	63,696		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	63,696	157,828	1,116,997		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-4
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		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,087,263	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	601,899	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	99,378	0	0	0	0	15.00
16.00	Spiritual Counseling	2,930	0	0	0	0	16.00
17.00	Dietary Counseling	11,900	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	63,696	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,867,066	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-4
Part I
Date/Time Prepared:
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Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	1,087,263	1,087,263			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	601,899	839,215	1,441,114		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	99,378	138,561	237,939		15.00
16.00	Spiritual Counseling	0	2,930	4,085	7,015		16.00
17.00	Dietary Counseling	0	11,900	16,592	28,492		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	63,696	88,810	152,506		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,867,066		1,867,066		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-4
Part II
Date/Time Prepared:
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Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	473					1.00
2.00	Capital Related Costs-Movable Equip.	473	473				2.00
3.00	Plant Operation and Maintenance	0	473	473			3.00
4.00	Transportation - Staff	0	0	473	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-4
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-1,087,263	779,803		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	601,899		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	99,378		15.00
16.00	Spiritual Counseling	0	2,930		16.00
17.00	Dietary Counseling	0	11,900		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	63,696		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,087,263		39.00
40.00	Unit Cost Multiplier		1.394279		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General		6,642	10,754	0	99,941	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,441,114	0	0	0	147,740	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	237,939	0	0	0	23,965	10.00
11.00	Spiritual Counseling	7,015	0	0	0	45	11.00
12.00	Dietary Counseling	28,492	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	152,506	0	0	0	16,680	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,867,066	6,642	10,754	0	288,371	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	1,093	0	0	0	118,430	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,916	0	0	0	1,591,770	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	729	0	0	0	262,633	10.00
11.00	Spiritual Counseling	364	0	0	0	7,424	11.00
12.00	Dietary Counseling	0	0	0	0	28,492	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	729	0	0	0	169,915	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,831	0	0	0	2,178,664	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
1.00	Administrative and General	298	118,728	14,556	13,967	3,157	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,006	1,595,776	195,636	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	661	263,294	32,279	0	0	10.00
11.00	Spiritual Counseling	19	7,443	912	0	0	11.00
12.00	Dietary Counseling	72	28,564	3,502	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	428	170,343	20,883	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,484	2,184,148	267,768	13,967	3,157	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
		6.02	8.00	8.01	9.00	9.01	
1.00	Administrative and General	0	0	0	4,748	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	4,748	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	
		10.00	10.01	11.00	11.01	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	
		13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	20,093	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	20,093	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		23.01	23.02	24.00	25.00	26.00	
1.00	Administrative and General	0	0	175,249			1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	1,791,412	0	1,791,412	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	295,573	0	295,573	10.00
11.00	Spiritual Counseling	0	0	8,355	0	8,355	11.00
12.00	Dietary Counseling	0	0	32,066	0	32,066	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	191,226	0	191,226	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	2,493,881	0	2,493,881	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part I
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	135,401	1,926,813		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	22,340	317,913		10.00
11.00	Spiritual Counseling	631	8,986		11.00
12.00	Dietary Counseling	2,424	34,490		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	14,453	205,679		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		2,493,881		34.00
35.00	Unit Cost Multiplier (see instructions)	0.075583			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	473	473	0	381,637	3	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	564,162	8	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	91,514	2	10.00
11.00	Spiritual Counseling	0	0	0	173	1	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	63,696	2	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	473	473	0	1,101,182	16	34.00
35.00	Total cost to be allocated	6,642	10,754	0	288,371	5,831	35.00
36.00	Unit Cost Multiplier (see instructions)	14.042283	22.735729	0.000000	0.261874	364.437500	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	0	0	0	0	118,430	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,591,770	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	262,633	10.00
11.00	Spiritual Counseling	0	0	0	0	7,424	11.00
12.00	Dietary Counseling	0	0	0	0	28,492	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	169,915	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0		2,178,664	34.00
35.00	Total cost to be allocated	0	0	0		5,484	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		0.002517	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
1.00	Administrative and General	0	118,728	473	125,313	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	1,595,776	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	263,294	0	0	0	10.00
11.00	Spiritual Counseling	0	7,443	0	0	0	11.00
12.00	Dietary Counseling	0	28,564	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	170,343	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		2,184,148	473	125,313	0	34.00
35.00	Total cost to be allocated		267,768	13,967	3,157	0	35.00
36.00	Unit Cost Multiplier (see instructions)		0.122596	29.528541	0.025193	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
		8.00	8.01	9.00	9.01	10.00	
1.00	Administrative and General	0	0	473	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	473	0	0	34.00
35.00	Total cost to be allocated	0	0	4,748	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	10.038055	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	
		10.01	11.00	11.01	13.00	13.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	
		14.00	16.00	16.01	17.00	17.01	
1.00	Administrative and General	109,350	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	109,350	0	0	0	0	34.00
35.00	Total cost to be allocated	20,093	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.183749	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		34.00
35.00	Total cost to be allocated	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part III
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.296068	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.341748	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.422752	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.242475	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.270695	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.175279	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.108973	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.393551	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.339636	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.929784	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.216496	0	0	10.03
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-6
Date/Time Prepared:
11/26/2013 12:35 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,493,881	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				17,374	2.00
3.00	Average cost per diem (line 1 divided by line 2)				143.54	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	14,998				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,152,813				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		130			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		18,660			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2,246		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			322,391		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260179	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/26/2013 12:35 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,510,694	1.00
2.00	Capital DRG outlier payments	330,647	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	180.07	3.00
4.00	Number of interns & residents (see instructions)	37.71	4.00
5.00	Indirect medical education percentage (see instructions)	6.09	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	274,701	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	3.40	8.00
9.00	Sum of lines 7 and 8	4.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.95	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	42,852	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	5,158,894	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