

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/21/2014 10:45 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2014	Time: 10:45 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CHRISTIAN HOSPITAL NORTHEAST (260180) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,125,097	377,743	-22,010	0 1.00
2.00	Subprovider - IPF	0	2,547	0		0 2.00
3.00	Subprovider - IRF	0	-41,078	0		0 3.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0				0 6.00
200.00	Total	0	1,086,566	377,743	-22,010	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 10:38 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11133 DUNN ROAD			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS COUNTY		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		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		CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P	3.00
4.00	Subprovider - IPF		PSYCH	26S180	41180	4	01/01/2003	N	P	O	4.00
5.00	Subprovider - IRF		REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013		12/31/2013		20.00	
21.00	Type of Control (see instructions)							4		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an 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.		9,569	667	731	37	898	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.		97	0	0	0	0	0		25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	

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		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)					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
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.99	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
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	1.00	0.000000	66.00

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	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
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			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)			N		0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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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)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	655,500	781,000		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	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		269026		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: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK BLVD	PO Box:					
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00			
				2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	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						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	
				Beginni ng		Endi ng	
				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)			12/04/2012	03/03/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 10:38 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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.	N			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.	Y			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.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/21/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 10:38 am	
	Description	Part A		Part B	
		Y/N	Date	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 relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	PAUL	BRADSHAW		41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419	PJB1541@BJC.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/21/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 260180

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

Worksheet S-2
Part V
Date/Time Prepared:
5/21/2014 10:38 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC@THECOMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/21/2014 10:38 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") 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: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	134,685	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	134,685	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,855	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						13.00
14.00 Total (see instructions)		422	154,030	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		460				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,657	9,475	55,622			1.00
2.00 HMO and other (see instructions)	9,069	898				2.00
3.00 HMO IPF Subprovider	118	56				3.00
4.00 HMO IRF Subprovider	409	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)	24,657	9,475	55,622			7.00
8.00 INTENSIVE CARE UNIT	3,521	802	6,805			8.00
9.00 CORONARY CARE UNIT	2,793	727	5,051			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)	30,971	11,004	67,478	0.00	1,710.70	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,993	516	3,673	0.00	22.50	16.00
17.00 SUBPROVIDER - IRF	2,624	97	3,859	0.00	18.20	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,751.40	27.00
28.00 Observation Bed Days		0	2,793			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			483			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	5,203	1,867	13,910	1.00
2.00 HMO and other (see instructions)			1,787			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	5,203	1,867	13,910	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	235	95	535	16.00
17.00 SUBPROVIDER - IRF	0.00	0	173	6	236	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2014 10:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	91,804,539	0	91,804,539	3,637,359.00	25.24
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		130,000	0	130,000	2,085.00	62.35
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		379,060	0	379,060	4,359.00	86.96
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	86,454	86,454	2,920.00	29.61
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,135,519	86,971	8,222,490	358,474.00	22.94
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,812,221	0	1,812,221	23,665.00	76.58
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,143,469	0	1,143,469	12,811.00	89.26
14.00	Home office salaries & wage-related costs		15,203,642	0	15,203,642	337,666.00	45.03
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		27,504,574	0	27,504,574		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,722,378	0	2,722,378		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		43,042	0	43,042		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		125,505	0	125,505		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,161,698	0	1,161,698	38,128.00	30.47
27.00	Administrative & General	5.00	7,275,053	-110,971	7,164,082	292,404.00	24.50
28.00	Administrative & General under contract (see inst.)		1,784,321	0	1,784,321	18,851.00	94.65
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,442,699	0	2,442,699	115,965.00	21.06
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,841,092	0	1,841,092	171,557.00	10.73
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		3,806,861	0	3,806,861	271,968.00	14.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,414,786	0	2,414,786	79,693.00	30.30
39.00	Central Services and Supply	14.00	429,552	0	429,552	23,652.00	18.16
40.00	Pharmacy	15.00	3,204,190	0	3,204,190	81,104.00	39.51
41.00	Medical Records & Medical Records Library	16.00	3,477,120	0	3,477,120	153,013.00	22.72

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/21/2014 10:38 am		
	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	738,055	0	738,055	25,441.00	29.01	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2014 10:38 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	97,016,661	-86,454	96,930,207	3,920,899.00	24.72	1.00
2.00	Excluded area salaries (see instructions)	8,135,519	86,971	8,222,490	358,474.00	22.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,881,142	-173,425	88,707,717	3,562,425.00	24.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,159,332	0	18,159,332	374,142.00	48.54	4.00
5.00	Subtotal wage-related costs (see inst.)	27,547,616	0	27,547,616	0.00	31.05	5.00
6.00	Total (sum of lines 3 thru 5)	134,588,090	-173,425	134,414,665	3,936,567.00	34.15	6.00
7.00	Total overhead cost (see instructions)	28,575,427	-110,971	28,464,456	1,271,776.00	22.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2014 10:38 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		891,555	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)		8,837,408	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,237,779	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		370,371	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		143,204	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)		141,346	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		711,959	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		6,606,302	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		218,097	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		234,332	22.00
23.00	Tuition Reimbursement		1,003,146	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,395,499	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260180

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2014 10:38 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/21/2014 10:38 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.256787		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,119,443		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		15,310,797		5.00
6.00	Medicaid charges		133,281,135		6.00
7.00	Medicaid cost (line 1 times line 6)		34,224,863		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		102,825		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		39,830		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	73,414,528	10,440,844	83,855,372	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,851,896	2,681,073	21,532,969	21.00
22.00	Partial payment by patients approved for charity care	3,070,451	656,729	3,727,180	22.00
23.00	Cost of charity care (line 21 minus line 22)	15,781,445	2,024,344	17,805,789	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)		32,729,358		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,014,884		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		30,714,474		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		7,887,078		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		25,692,867		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		25,692,867		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,281,251	5,281,251	1.00
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD		0	0	34,599	34,599	1.03
1.04	00104	NEW CAP REL COSTS-CHIP		0	0	99,818	99,818	1.04
1.05	00105	NEW CAP REL COSTS-POB I		0	0	253,346	253,346	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	172,767	172,767	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	947,937	947,937	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,238,187	10,238,187	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,161,698	3,084,610	4,246,308	-5,955	4,240,353	4.00
5.01	00510	ADMINISTRATIVE AND GENERAL	1,977,858	844,200	2,822,058	-2,072	2,819,986	5.01
5.02	00511	CASHIERING	0	57,050	57,050	-203	56,847	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	251,664	304,395	556,059	30,000	586,059	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	5,045,531	20,574,832	25,620,363	-12,899,556	12,720,807	5.04
7.00	00700	OPERATION OF PLANT	2,190,667	4,272,940	6,463,607	197,864	6,661,471	7.00
7.01	00701	OPERATION OF PLANT- POB I	2,401	1,120	3,521	0	3,521	7.01
7.02	00702	OPERATION OF PLANT NW	249,631	461,112	710,743	-4,542	706,201	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,119,950	1,119,950	-217	1,119,733	8.00
9.00	00900	HOUSEKEEPING	1,522,385	1,544,511	3,066,896	-1,690	3,065,206	9.00
9.01	00901	HOUSEKEEPING-POB I	118,497	85,863	204,360	0	204,360	9.01
9.02	00902	HOUSEKEEPING NW	200,210	210,671	410,881	0	410,881	9.02
10.00	01000	DIETARY	0	5,458,496	5,458,496	-32,686	5,425,810	10.00
11.00	01100	CAFETERIA	0	111,822	111,822	-4,284	107,538	11.00
13.00	01300	NURSING ADMINISTRATION	2,414,786	2,707,679	5,122,465	-1,736,190	3,386,275	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	429,552	644,054	1,073,606	-390,838	682,768	14.00
15.00	01500	PHARMACY	3,204,190	16,523,277	19,727,467	-14,757,957	4,969,510	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,477,120	2,966,371	6,443,491	-1,389	6,442,102	16.00
17.00	01700	SOCIAL SERVICE	738,055	257,548	995,603	0	995,603	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	86,454	86,454	21.00
23.00	02300	PARAMED PRGM	0	0	0	41,179	41,179	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,282,293	9,926,790	27,209,083	-712,126	26,496,957	30.00
31.00	03100	INTENSIVE CARE UNIT	4,752,532	2,582,751	7,335,283	-605,531	6,729,752	31.00
32.00	03200	CORONARY CARE UNIT	2,848,543	1,238,950	4,087,493	-165,748	3,921,745	32.00
40.00	04000	SUBPROVIDER - I PF	1,222,016	446,285	1,668,301	-9,603	1,658,698	40.00
41.00	04100	SUBPROVIDER - I RF	960,791	356,448	1,317,239	32,609	1,349,848	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,208,747	15,641,736	20,850,483	-10,151,764	10,698,719	50.00
51.00	05100	RECOVERY ROOM	553,359	315,298	868,657	-78,006	790,651	51.00
53.00	05300	ANESTHESIOLOGY	0	6,181,948	6,181,948	-376,045	5,805,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,328,033	4,489,164	8,817,197	-912,703	7,904,494	54.00
57.00	05700	CT SCAN	774,306	697,818	1,472,124	-157,457	1,314,667	57.00
59.00	05900	CARDIAC CATHETERIZATION	979,572	6,641,836	7,621,408	-5,879,013	1,742,395	59.00
60.00	06000	LABORATORY	5,036,125	6,432,998	11,469,123	-749,901	10,719,222	60.00
60.01	06001	G. I. LAB	661,478	906,919	1,568,397	-164,699	1,403,698	60.01
60.02	06002	VASCULAR LAB	253,593	93,959	347,552	-3,218	344,334	60.02
60.03	06003	LABORATORY-PATHOLOGY	408,618	507,177	915,795	159,091	1,074,886	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	310,013	1,838,065	2,148,078	415,708	2,563,786	63.00
65.00	06500	RESPIRATORY THERAPY	3,250,095	1,872,352	5,122,447	-98,128	5,024,319	65.00
66.00	06600	PHYSICAL THERAPY	1,962,100	722,834	2,684,934	-289,845	2,395,089	66.00
67.00	06700	OCCUPATIONAL THERAPY	676,215	216,777	892,992	216,081	1,109,073	67.00
68.00	06800	SPEECH PATHOLOGY	220,179	70,255	290,434	70,433	360,867	68.00
69.00	06900	ELECTROCARDIOLOGY	708,079	379,357	1,087,436	-60,738	1,026,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	327,705	155,969	483,674	-17,511	466,163	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,882,427	8,882,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,928,741	9,928,741	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,727,335	14,727,335	73.00
74.00	07400	RENAL DIALYSIS	0	1,446,915	1,446,915	-10,416	1,436,499	74.00
76.00	03020	SHOCK THERAPY	95,156	34,491	129,647	0	129,647	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	1,095,637	2,095,581	3,191,218	-15,456	3,175,762	76.01
76.02	03022	DIABETES CARE CENTER	320,302	352,169	672,471	-923	671,548	76.02
76.03	03023	OP PSYCH	509,784	230,436	740,220	-12,707	727,513	76.03
76.04	03024	CARDIAC REHAB	124,475	57,839	182,314	-3,426	178,888	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	442,206	442,206	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,997,836	8,468,237	16,466,073	-670,042	15,796,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,720,086	3,323,507	8,043,593	-477,974	7,565,619	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	90,571,913	138,955,362	229,527,275	819,248	230,346,523	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,988	410,308	482,296	0	482,296	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	140,375	140,375	-3,240	137,135	190.09
190.10	19010 RETAIL PHARMACY	587,095	5,522,618	6,109,713	-128	6,109,585	190.10
190.11	19011 PUBLIC RELATIONS	246,581	1,099,907	1,346,488	0	1,346,488	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	283,668	343,790	627,458	0	627,458	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	559,817	559,817	-559,817	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	43,294	298,919	342,213	-256,063	86,150	192.01
200.00	TOTAL (SUM OF LINES 118-199)	91,804,539	147,331,096	239,135,635	0	239,135,635	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-59,913	5,221,338	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	-33,025	1,574	1.03
1.04	00104	NEW CAP REL COSTS-CHIP	-95,276	4,542	1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	253,346	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	172,767	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	947,937	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-104,047	10,134,140	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-114,053	4,126,300	4.00
5.01	00510	ADMINISTRATIVE	-159,734	2,660,252	5.01
5.02	00511	CASHIERING	0	56,847	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	-264,413	321,646	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	32,206,693	44,927,500	5.04
7.00	00700	OPERATION OF PLANT	-177,566	6,483,905	7.00
7.01	00701	OPERATION OF PLANT- POB I	-194	3,327	7.01
7.02	00702	OPERATION OF PLANT NW	-20,167	686,034	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,119,733	8.00
9.00	00900	HOUSEKEEPING	-123,103	2,942,103	9.00
9.01	00901	HOUSEKEEPING-POB I	-9,582	194,778	9.01
9.02	00902	HOUSEKEEPING NW	-16,189	394,692	9.02
10.00	01000	DIETARY	-1,317,094	4,108,716	10.00
11.00	01100	CAFETERIA	0	107,538	11.00
13.00	01300	NURSING ADMINISTRATION	-203,664	3,182,611	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-34,734	648,034	14.00
15.00	01500	PHARMACY	-270,347	4,699,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-304,807	6,137,295	16.00
17.00	01700	SOCIAL SERVICE	-59,681	935,922	17.00
17.01	01850	RESEARCH ADMIN	4,258	4,258	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	86,454	21.00
23.00	02300	PARAMEDICAL PRGM	-2,909	38,270	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,002,569	22,494,388	30.00
31.00	03100	INTENSIVE CARE UNIT	-384,299	6,345,453	31.00
32.00	03200	CORONARY CARE UNIT	-230,339	3,691,406	32.00
40.00	04000	SUBPROVIDER - IPF	-98,815	1,559,883	40.00
41.00	04100	SUBPROVIDER - IRF	-78,683	1,271,165	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-891,990	9,806,729	50.00
51.00	05100	RECOVERY ROOM	-44,746	745,905	51.00
53.00	05300	ANESTHESIOLOGY	-5,517,051	288,852	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,070,441	6,834,053	54.00
57.00	05700	CT SCAN	-62,612	1,252,055	57.00
59.00	05900	CARDIAC CATHETERIZATION	-79,210	1,663,185	59.00
60.00	06000	LABORATORY	-423,468	10,295,754	60.00
60.01	06001	G.I. LAB	-54,991	1,348,707	60.01
60.02	06002	VASCULAR LAB	-20,506	323,828	60.02
60.03	06003	LABORATORY-PATHOLOGY	-41,459	1,033,427	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-32,272	2,531,514	63.00
65.00	06500	RESPIRATORY THERAPY	-265,026	4,759,293	65.00
66.00	06600	PHYSICAL THERAPY	-188,649	2,206,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	-68,146	1,040,927	67.00
68.00	06800	SPEECH PATHOLOGY	-22,131	338,736	68.00
69.00	06900	ELECTROCARDIOLOGY	-64,760	961,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-26,499	439,664	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,882,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,928,741	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,727,335	73.00
74.00	07400	RENAL DIALYSIS	0	1,436,499	74.00
76.00	03020	SHOCK THERAPY	-7,695	121,952	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	-1,607,595	1,568,167	76.01
76.02	03022	DIABETES CARE CENTER	-133,120	538,428	76.02
76.03	03023	OP PSYCH	-41,222	686,291	76.03
76.04	03024	CARDIAC REHAB	-10,065	168,823	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-11,510	430,696	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-5,063,896	10,732,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-502,490	7,063,129	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,794,198	238,140,721	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,821	476,475	190.00
190.01	19001	VISITOR MEALS	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	190.08
190.09	19009	CATERING	0	137,135	190.09
190.10	19010	RETAIL PHARMACY	-47,474	6,062,111	190.10
190.11	19011	PUBLIC RELATIONS	-19,939	1,326,549	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	-22,938	604,520	190.12
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	-3,501	82,649	192.01
200.00		TOTAL (SUM OF LINES 118-199)	7,694,525	246,830,160	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W Date/Time Prepared: 5/21/2014 10:38 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-WHSE	00101		1.01
1.02	NEW CAP REL COSTS-B BLDG	00102		1.02
1.03	NEW CAP REL COSTS-PFD	00103		1.03
1.04	NEW CAP REL COSTS-CHIP	00104		1.04
1.05	NEW CAP REL COSTS-POB I	00105		1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	00106		1.06
1.07	NEW CAP REL COSTS-NW BUILDING	00107		1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	ADMINISTRATIVE	00510		5.01
5.02	CASHIERING	00511		5.02
5.03	MENTAL HEALTH ADMINISTRATION	00512		5.03
5.04	ADMINISTRATIVE AND GENERAL	00560		5.04
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT- POB I	00701		7.01
7.02	OPERATION OF PLANT NW	00702		7.02
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING-POB I	00901		9.01
9.02	HOUSEKEEPING NW	00902		9.02
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	RESEARCH ADMIN	01850		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
23.00	PARAMED PRGM	02300		23.00
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
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	G.I. LAB	06001		60.01
60.02	VASCULAR LAB	06002		60.02
60.03	LABORATORY-PATHOLOGY	06003		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	SHOCK THERAPY	03020		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	03021		76.01
76.02	DIABETES CARE CENTER	03022		76.02
76.03	OP PSYCH	03023		76.03
76.04	CARDIAC REHAB	03024		76.04
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00

COST CENTERS USED IN COST REPORT

Provider CCN: 260180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	VISITOR MEALS	19001		190.01
190.02	NON REIMBURSABLE B BLDG	19002		190.02
190.03	NON REIMB NW BUILDING	19003		190.03
190.04	NON REIMBURSABLE CHIP	19004		190.04
190.05	NON REIMBURSABLE PFD	19005		190.05
190.06	NON REIMBURSABLE HOSPITAL	19006		190.06
190.07	NON REIMBURSABLE POBI	19007		190.07
190.08	MEALS ON WHEELS	19008		190.08
190.09	CATERING	19009		190.09
190.10	RETAIL PHARMACY	19010		190.10
190.11	PUBLIC RELATIONS	19011		190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	19012		190.12
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	19201		192.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 10:38 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS CHIEF OF GYNECOLOGY					
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	1.00
	TOTALS		0	15,000	
B - TO RECLASS CHIEF OF PSYCHIATRY					
1.00	MENTAL HEALTH ADMINISTRATION	5.03	0	30,000	1.00
	TOTALS		0	30,000	
C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,727,335	1.00
	TOTALS		0	14,727,335	
D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,836,834	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
	TOTALS		0	18,836,834	
E - TO RECLASS PROF FEES FOR REHAB DIR					
1.00	SUBPROVIDER - IRF	41.00	51,000	0	1.00
	TOTALS		51,000	0	
F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	142,343	299,863	1.00
	TOTALS		142,343	299,863	
G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	9,000	0	1.00
	TOTALS		9,000	0	
H - TO RECLASS CARDIOTHORACIC SURG FEES					
1.00	OPERATING ROOM	50.00	0	50,000	1.00
	TOTALS		0	50,000	
I - TO RECLASS POB 1 EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	253,346	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	144,925	2.00
3.00	OPERATION OF PLANT	7.00	0	161,546	3.00
	TOTALS		0	559,817	
J - TO RECLASS PURCHASING VARIANCE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,246	1.00
	TOTALS		0	31,246	
K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,218,482	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	67,797	4.00
5.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	947,937	5.00
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	10,129,185	6.00
	TOTALS		0	16,385,175	
L - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	62,769	1.00
2.00	NEW CAP REL COSTS-PFD	1.03	0	34,599	2.00
3.00	NEW CAP REL COSTS-CHIP	1.04	0	99,818	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	109,002	4.00
	TOTALS		0	306,188	
M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	TOTALS		0	30,000	
N - TO RECLASS CARDIOLOGY MEDICAL DIR					
1.00	ELECTROCARDIOLOGY	69.00	15,000	0	1.00
	TOTALS		15,000	0	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	104,098	93,191	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	78,977	337,734	2.00	
TOTALS			183,075	430,925		
P - TO RECLASS REHAB ADMIN FEES						
1.00	OCCUPATIONAL THERAPY	67.00	163,936	52,221	1.00	
2.00	SPEECH PATHOLOGY	68.00	53,509	16,924	2.00	
TOTALS			217,445	69,145		
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	24,280	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	443	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	943	3.00	
TOTALS			0	25,666		
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,845,684	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
TOTALS			0	3,845,684		
S - PASTORAL RESIDENT RECLASS						
1.00	PARAMED PRGM	23.00	35,971	5,208	1.00	
TOTALS			35,971	5,208		
T - RECLASS GRAHAM MOB						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	104,970	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	73,623	2.00	
3.00	OPERATION OF PLANT	7.00	0	77,470	3.00	
TOTALS			0	256,063		
U - TO RECLASS INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	86,454	0	1.00	
TOTALS			86,454	0		

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
V - TO RECLASS IMPLANTS					
1.00	IMPL. DEV. CHARGED TO		72.00	0	9,928,741
	PATIENT				
	TOTALS			0	9,928,741
W - TO RECLASS RESEARCH ADMIN COSTS					
1.00	RESEARCH		191.00	0	7,606
	TOTALS			0	7,606
500.00	Grand Total: Increases			740,288	65,840,496

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
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		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - RECLASS CHIEF OF GYNECOLOGY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	15,000	0	1.00
	TOTALS		0	15,000		
B - TO RECLASS CHIEF OF PSYCHIATRY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0	1.00
	TOTALS		0	30,000		
C - TO RECLASS PHARMACEUTICALS						
1.00	PHARMACY	15.00	0	14,727,335	0	1.00
	TOTALS		0	14,727,335		
D - TO RECLASS MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	589,238	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	426,902	0	2.00
3.00	CORONARY CARE UNIT	32.00	0	95,175	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	16,333	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	5,327	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	383,932	0	6.00
7.00	OPERATING ROOM	50.00	0	8,958,902	0	7.00
8.00	RECOVERY ROOM	51.00	0	12,428	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	246,050	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	545,362	0	10.00
11.00	CT SCAN	57.00	0	26,499	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	5,255,161	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	15,280	0	13.00
14.00	G.I. LAB	60.01	0	81,218	0	14.00
15.00	EMERGENCY	91.00	0	598,770	0	15.00
16.00	NURSING ADMINISTRATION	13.00	0	1,580,257	0	16.00
	TOTALS		0	18,836,834		
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	51,000	0	0	1.00
	TOTALS		51,000	0		
F - TO RECLASS HYPERBARIC OXYGEN						
1.00	OPERATING ROOM	50.00	142,343	299,863	0	1.00
	TOTALS		142,343	299,863		
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	9,000	0	0	1.00
	TOTALS		9,000	0		
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	50,000	0	1.00
	TOTALS		0	50,000		
I - TO RECLASS POB 1 EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	559,817	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	559,817		
J - TO RECLASS PURCHASING VARIANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	31,246	0	1.00
	TOTALS		0	31,246		
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	16,385,175	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
4.00		0.00	0	0	9	4.00
5.00		0.00	0	0	9	5.00
6.00		0.00	0	0	9	6.00
	TOTALS		0	16,385,175		
L - TO RECLASS INTEREST EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	306,188	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
4.00		0.00	0	0	11	4.00
	TOTALS		0	306,188		
M - TO RECLASS CHIEF OF SURGERY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0	1.00
	TOTALS		0	30,000		
N - TO RECLASS RADIOLOGY MEDICAL DIR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	15,000	0	0	1.00
	TOTALS		15,000	0		
O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY	60.00	183,075	430,925	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		183,075	430,925		

RECLASSIFICATIONS

Provider CCN: 260180

Period:
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To 12/31/2013

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
P - TO RECLASS REHAB ADMIN FEES							
1.00	PHYSICAL THERAPY	66.00	217,445	69,145	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		217,445	69,145			
Q - TO RECLASS ADMISSION KITS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,666	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	25,666			
R - TO RECLASS DEPARTMENTAL DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,955	0		1.00
2.00	ADMINISTRATIVE	5.01	0	2,072	0		2.00
3.00	CASHIERING	5.02	0	203	0		3.00
4.00	RETAIL PHARMACY	190.10	0	128	0		4.00
5.00	OPERATION OF PLANT	7.00	0	41,152	0		5.00
6.00	OPERATION OF PLANT NW	7.02	0	4,542	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	217	0		7.00
8.00	HOUSEKEEPING	9.00	0	1,690	0		8.00
9.00	DIETARY	10.00	0	32,686	0		9.00
10.00	CAFETERIA	11.00	0	4,284	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	155,933	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,152	0		12.00
13.00	PHARMACY	15.00	0	30,622	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,389	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	75,714	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	178,629	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	70,573	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	2,501	0		18.00
19.00	SUBPROVIDER - IPF	40.00	0	5,219	0		19.00
20.00	OPERATING ROOM	50.00	0	830,656	0		20.00
21.00	RECOVERY ROOM	51.00	0	65,578	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	129,995	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	367,341	0		23.00
24.00	CT SCAN	57.00	0	130,958	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	623,852	0		25.00
26.00	LABORATORY	60.00	0	135,901	0		26.00
27.00	G.I. LAB	60.01	0	92,481	0		27.00
28.00	VASCULAR LAB	60.02	0	3,218	0		28.00
29.00	LABORATORY-PATHOLOGY	60.03	0	38,198	0		29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,003	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	82,848	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	3,255	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	76	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	75,738	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,511	0		35.00
36.00	RENAL DIALYSIS	74.00	0	10,416	0		36.00
37.00	PAIN MANAGEMENT & OP CHEMO	76.01	0	15,456	0		37.00
38.00	DIABETES CARE CENTER	76.02	0	923	0		38.00
39.00	OP PSYCH	76.03	0	12,707	0		39.00
40.00	CARDIAC REHAB	76.04	0	3,426	0		40.00
41.00	EMERGENCY	91.00	0	71,272	0		41.00
42.00	AMBULANCE SERVICES	95.00	0	477,974	0		42.00
43.00	CATERING	190.09	0	3,240	0		43.00
	TOTALS		0	3,845,684			
S - PASTORAL RESIDENT RECLASS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	35,971	5,208	0		1.00
	TOTALS		35,971	5,208			
T - RECLASS GRAHAM MOB							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	256,063	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	256,063			
U - TO RECLASS INTERNS & RESIDENTS							
1.00	ADULTS & PEDIATRICS	30.00	86,454	0	0		1.00
	TOTALS		86,454	0			
V - TO RECLASS IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,928,741	0		1.00
	TOTALS		0	9,928,741			

RECLASSIFICATIONS

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Period:
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Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	W - TO RECLASS RESEARCH ADMIN COSTS						
1.00	RESEARCH	191.00	0	7,606	0	1.00	
	TOTALS		0	7,606			
500.00	Grand Total: Decreases		740,288	65,840,496		500.00	

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
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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 - RECLASS CHIEF OF GYNECOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
B - TO RECLASS CHIEF OF PSYCHIATRY						
1.00	MENTAL HEALTH ADMINISTRATION	5.03	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
C - TO RECLASS PHARMACEUTICALS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
D - TO RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	ADULTS & PEDIATRICS	30.00	0	1.00
2.00		0.00	INTENSIVE CARE UNIT	31.00	0	2.00
3.00		0.00	CORONARY CARE UNIT	32.00	0	3.00
4.00		0.00	SUBPROVIDER - IRF	41.00	0	4.00
5.00		0.00	SUBPROVIDER - IPF	40.00	0	5.00
6.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	OPERATING ROOM	50.00	0	7.00
8.00		0.00	RECOVERY ROOM	51.00	0	8.00
9.00		0.00	ANESTHESIOLOGY	53.00	0	9.00
10.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	CT SCAN	57.00	0	11.00
12.00		0.00	CARDIAC CATHETERIZATION	59.00	0	12.00
13.00		0.00	RESPIRATORY THERAPY	65.00	0	13.00
14.00		0.00	G.I. LAB	60.01	0	14.00
15.00		0.00	EMERGENCY	91.00	0	15.00
16.00		0.00	NURSING ADMINISTRATION	13.00	0	16.00
	TOTALS		TOTALS		0	
E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	SUBPROVIDER - IRF	41.00	ADMINISTRATIVE AND GENERAL	5.04	51,000	1.00
	TOTALS		TOTALS		51,000	
F - TO RECLASS HYPERBARIC OXYGEN						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	OPERATING ROOM	50.00	142,343	1.00
	TOTALS		TOTALS		142,343	
G - TO RECLASS GI MEDICAL DIRECTOR						
1.00	G.I. LAB	60.01	ADMINISTRATIVE AND GENERAL	5.04	9,000	1.00
	TOTALS		TOTALS		9,000	
H - TO RECLASS CARDIOTHORACIC SURG FEES						
1.00	OPERATING ROOM	50.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
I - TO RECLASS POB 1 EXPENSES						
1.00	NEW CAP REL COSTS-POB I	1.05	PHYSICIANS' PRIVATE OFFICES	192.00	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04		0.00	0	2.00
3.00	OPERATION OF PLANT	7.00		0.00	0	3.00
	TOTALS		TOTALS		0	
J - TO RECLASS PURCHASING VARIANCE						
1.00	CENTRAL SERVICES & SUPPLY	14.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
K - TO RECLASS DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01		0.00	0	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02		0.00	0	3.00
4.00	NEW CAP REL COSTS-GRAHAM MOB	1.06		0.00	0	4.00
5.00	NEW CAP REL COSTS-NW BUILDING	1.07		0.00	0	5.00
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	6.00
	TOTALS		TOTALS		0	
L - TO RECLASS INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
2.00	NEW CAP REL COSTS-PFD	1.03		0.00	0	2.00
3.00	NEW CAP REL COSTS-CHIP	1.04		0.00	0	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	4.00
	TOTALS		TOTALS		0	
M - TO RECLASS CHIEF OF SURGERY						
1.00	OPERATING ROOM	50.00	ADMINISTRATIVE AND GENERAL	5.04	0	1.00
	TOTALS		TOTALS		0	
N - TO RECLASS RADIOLOGY MEDICAL DIR						
1.00	ELECTROCARDIOLOGY	69.00	ADMINISTRATIVE AND GENERAL	5.04	15,000	1.00
	TOTALS		TOTALS		15,000	

RECLASSIFICATIONS

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Period:
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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	
Q - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY-PATHOLOGY	60.03	104,098	LABORATORY	60.00	183,075 1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	78,977		0.00	0 2.00
	TOTALS		183,075	TOTALS		183,075
P - TO RECLASS REHAB ADMIN FEES						
1.00	OCCUPATIONAL THERAPY	67.00	163,936	PHYSICAL THERAPY	66.00	217,445 1.00
2.00	SPEECH PATHOLOGY	68.00	53,509		0.00	0 2.00
	TOTALS		217,445	TOTALS		217,445
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 1.00
2.00	SUBPROVIDER - IRF	41.00	0		0.00	0 2.00
3.00	SUBPROVIDER - IPF	40.00	0		0.00	0 3.00
	TOTALS		0	TOTALS		0
R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 1.00
2.00		0.00	0	ADMINISTRATIVE	5.01	0 2.00
3.00		0.00	0	CASHIERING	5.02	0 3.00
4.00		0.00	0	RETAIL PHARMACY	190.10	0 4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0 5.00
6.00		0.00	0	OPERATION OF PLANT NW	7.02	0 6.00
7.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0 7.00
8.00		0.00	0	HOUSEKEEPING	9.00	0 8.00
9.00		0.00	0	DIETARY	10.00	0 9.00
10.00		0.00	0	CAFETERIA	11.00	0 10.00
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0 11.00
12.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0 12.00
13.00		0.00	0	PHARMACY	15.00	0 13.00
14.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0 14.00
15.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 15.00
16.00		0.00	0	INTENSIVE CARE UNIT	31.00	0 16.00
17.00		0.00	0	CORONARY CARE UNIT	32.00	0 17.00
18.00		0.00	0	SUBPROVIDER - IRF	41.00	0 18.00
19.00		0.00	0	SUBPROVIDER - IPF	40.00	0 19.00
20.00		0.00	0	OPERATING ROOM	50.00	0 20.00
21.00		0.00	0	RECOVERY ROOM	51.00	0 21.00
22.00		0.00	0	ANESTHESIOLOGY	53.00	0 22.00
23.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 23.00
24.00		0.00	0	CT SCAN	57.00	0 24.00
25.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 25.00
26.00		0.00	0	LABORATORY	60.00	0 26.00
27.00		0.00	0	G.I. LAB	60.01	0 27.00
28.00		0.00	0	VASCULAR LAB	60.02	0 28.00
29.00		0.00	0	LABORATORY-PATHOLOGY	60.03	0 29.00
30.00		0.00	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0 30.00
31.00		0.00	0	RESPIRATORY THERAPY	65.00	0 31.00
32.00		0.00	0	PHYSICAL THERAPY	66.00	0 32.00
33.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0 33.00
34.00		0.00	0	ELECTROCARDIOLOGY	69.00	0 34.00
35.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0 35.00
36.00		0.00	0	RENAL DIALYSIS	74.00	0 36.00
37.00		0.00	0	PAIN MANAGEMENT & OP CHEMO	76.01	0 37.00
38.00		0.00	0	DIABETES CARE CENTER	76.02	0 38.00
39.00		0.00	0	OP PSYCH	76.03	0 39.00
40.00		0.00	0	CARDIAC REHAB	76.04	0 40.00
41.00		0.00	0	EMERGENCY	91.00	0 41.00
42.00		0.00	0	AMBULANCE SERVICES	95.00	0 42.00
43.00		0.00	0	CATERING	190.09	0 43.00
	TOTALS			TOTALS		0
S - PASTORAL RESIDENT RECLASS						
1.00	PARAMEDICAL PRGM	23.00	35,971	ADMINISTRATIVE AND GENERAL	5.04	35,971 1.00
	TOTALS		35,971	TOTALS		35,971
T - RECLASS GRAHAM MOB						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0 1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0		0.00	0 2.00
3.00	OPERATION OF PLANT	7.00	0		0.00	0 3.00
	TOTALS		0	TOTALS		0
U - TO RECLASS INTERNS & RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	86,454	ADULTS & PEDIATRICS	30.00	86,454 1.00
	TOTALS		86,454	TOTALS		86,454

RECLASSIFICATIONS

Provider CCN: 260180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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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		
V - TO RECLASS IMPLANTS							
1.00							
IMPL. DEV. CHARGED TO	72.00		MEDICAL SUPPLIES CHARGED TO	71.00	0	1.00	
PATIENT			PATIENTS				
TOTALS			TOTALS		0	0	
W - TO RECLASS RESEARCH ADMIN COSTS							
1.00							
RESEARCH	191.00		RESEARCH	191.00	0	1.00	
TOTALS			TOTALS		0	0	
500.00	Grand Total : Increases		740,288	Grand Total : Decreases		740,288	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2014 10:38 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0	0	0	1.00
2.00	Land Improvements	6,338,568	376,356	0	376,356	2.00
3.00	Buildings and Fixtures	40,284,923	432,144	0	432,144	3.00
4.00	Building Improvements	54,896,666	1,029,810	0	1,029,810	4.00
5.00	Fixed Equipment	74,257,989	3,703,344	0	3,703,344	5.00
6.00	Movable Equipment	93,374,779	17,502,298	0	17,502,298	6.00
7.00	HIT designated Assets	0	5,332,574	0	5,332,574	7.00
8.00	Subtotal (sum of lines 1-7)	271,393,250	28,376,526	0	28,376,526	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	271,393,250	28,376,526	0	28,376,526	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,240,325	0			1.00
2.00	Land Improvements	6,714,924	0			2.00
3.00	Buildings and Fixtures	40,717,067	0			3.00
4.00	Building Improvements	55,926,476	0			4.00
5.00	Fixed Equipment	77,950,982	0			5.00
6.00	Movable Equipment	110,520,758	0			6.00
7.00	HIT designated Assets	5,332,574	0			7.00
8.00	Subtotal (sum of lines 1-7)	299,403,106	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	299,403,106	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.04	NEW CAP REL COSTS-CHIP	0	0				1.04
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0.000000	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0.000000	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0.000000	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,218,482	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	253,346	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	172,767	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	947,937	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	10,129,185	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,743,491	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col s. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,856	0	0	0	5,221,338	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	1,574	0	0	0	1,574	1.03
1.04	NEW CAP REL COSTS-CHIP	4,542	0	0	0	4,542	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	253,346	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	172,767	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	947,937	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,955	0	0	0	10,134,140	2.00
3.00	Total (sum of lines 1-2)	13,927	0	0	0	16,757,418	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-59,913	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			NEW CAP REL COSTS-WHSE		1.01	0	1.01
1.02 Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			NEW CAP REL COSTS-B BLDG		1.02	0	1.02
1.03 Investment income - NEW CAP REL COSTS-PFD (chapter 2)	B	-33,025	NEW CAP REL COSTS-PFD		1.03	11	1.03
1.04 Investment income - NEW CAP REL COSTS-CHIP (chapter 2)	B	-95,276	NEW CAP REL COSTS-CHIP		1.04	11	1.04
1.05 Investment income - NEW CAP REL COSTS-POB I (chapter 2)			NEW CAP REL COSTS-POB I		1.05	0	1.05
1.06 Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			NEW CAP REL COSTS-GRAHAM MOB		1.06	0	1.06
1.07 Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			NEW CAP REL COSTS-NW BUILDING		1.07	0	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-104,047	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-19,728	ADMINISTRATIVE AND GENERAL		5.04	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	-15,342,969				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	23,355,931				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,307,140	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		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00		25.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-WHSE			ONEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG			ONEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD			ONEW CAP REL COSTS-PFD	1.03	0	26.03
26.04	Depreciation - NEW CAP REL COSTS-CHIP			ONEW CAP REL COSTS-CHIP	1.04	0	26.04
26.05	Depreciation - NEW CAP REL COSTS-POBI			ONEW CAP REL COSTS-POBI	1.05	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB			ONEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING			ONEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	PENSION FUNDING	A	-7,207	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	LOSS ON UNNECESSARY BORROWING	A	-442,985	ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	NON ALLOWABLE ASSOC DUES	A	-21,398	ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	OTHER REVENUE EMPLOYEE H&W	B	-46,820	ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	OTHER REVENUE PLANT OPS	B	-4,248	ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05	GYN PART B PHYSICIAN FEES	A	-113,400	ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06	OTHER REVENUE P.T.	B	-44,522	PHYSICAL THERAPY	66.00	0	33.06
33.07	OTHER REVENUE O.T.	B	-210	OCCUPATIONAL THERAPY	67.00	0	33.07
33.08	OTHER REVENUE DIETARY	B	-9,954	DIETARY	10.00	0	33.08
33.09	INTEREST ON UNNECESSARY BORROWING	A	-1,393,606	ADMINISTRATIVE AND GENERAL	5.04	0	33.09
33.10	FIN COST ON UNNECESSARY BORROWING	A	-39,343	ADMINISTRATIVE AND GENERAL	5.04	0	33.10
33.11	OTHER REVENUE NURSING ADMIN	B	-7,000	NURSING ADMINISTRATION	13.00	0	33.11
33.12	OTHER REVENUE RADIOLOGY	B	-200	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13	ENTERTAINMENT EXPENSE	A	-5,430	ADMINISTRATIVE AND GENERAL	5.04	0	33.13
33.14	OTHER REVENUE LAB	B	-2,163	ADMINISTRATIVE AND GENERAL	5.04	0	33.14
33.15	OTHER REVENUE DIABETES CARE CENTER	B	-69,964	DIABETES CARE CENTER	76.02	0	33.15
33.16	OTHER REVENUE ER	B	-12,815	EMERGENCY	91.00	0	33.16
33.17	MEDICAID TAX ASSESSMNT	A	14,007,681	ADMINISTRATIVE AND GENERAL	5.04	0	33.17
33.18	RESEARCH ADMIN COSTS	A	4,258	RESEARCH ADMIN	17.01	0	33.18
33.19	MALPRACTICE ADJUSTMENT	A	-781,000	ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	A&G PHYSICIAN PART B FEES	A	-405,038	ADMINISTRATIVE AND GENERAL	5.04	0	33.20
33.21	OTHER REVENUE AMBULANCE	B	-40,251	AMBULANCE SERVICES	95.00	0	33.21
33.22	OTHER REVENUE ADMIN	B	-943,564	ADMINISTRATIVE AND GENERAL	5.04	0	33.22
33.23	OTHER REVENUE MEDICAL RECORDS	B	-18,545	MEDICAL RECORDS & LIBRARY	16.00	0	33.23
33.24	ASBESTOS REMOVAL	A	-20,829	ADMINISTRATIVE AND GENERAL	5.04	0	33.24
33.25	ASBESTOS REMOVAL	A	-424	OPERATION OF PLANT	7.00	0	33.25
33.26	ASBESTOS REMOVAL	A	-25	DIABETES CARE CENTER	76.02	0	33.26
33.27	ASBESTOS REMOVAL	A	-2,272	AMBULANCE SERVICES	95.00	0	33.27
33.28	TELEPHONE SERVICE	B	200	ADMINISTRATIVE	5.01	0	33.28
33.29	ASSETS RELEASED FROM RESTRICTED FUND	B	-5,043	LABORATORY	60.00	0	33.29
33.30	NON OPERATING REVENUE ADMIN	B	-134,988	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.31	NON OPERATING GRANTS & DONATIONS	B	-291,734	ADMINISTRATIVE AND GENERAL	5.04	0	33.31
33.32	PSYCH PART B FEES	A	-242,813	MENTAL HEALTH ADMINISTRATION	5.03	0	33.32
33.33	ASSETS RELEASED FROM RESTRICTED FUND	B	-360	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	33.33

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.34 ASSETS RELEASED FROM RESTRICTED FUND	B	-4,269	DIABETES CARE CENTER		76.02	0 33.34
33.35 ADVERTISING EXPENSE EMPLOYEE H&W	A	-3,316	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.35
33.36 ADVERTISING EXPENSE ADMIN	A	-798	ADMINISTRATIVE AND GENERAL		5.04	0 33.36
33.37 ADVERTISING EXPENSE DIABETES CENTER	A	-32,962	DIABETES CARE CENTER		76.02	0 33.37
33.38 ADVERTISING EXPENSE RADIOLOGY	A	-79	RADIOLOGY-DIAGNOSTIC		54.00	0 33.38
33.39 ADVERTISING EXPENSE LAB	A	-1,040	LABORATORY		60.00	0 33.39
33.40 ADVERTISING EXPENSE RESPIRATORY THER	A	-1,655	RESPIRATORY THERAPY		65.00	0 33.40
33.41 ASSETS RELEASED FROM RESTRICTED FUND	B	-678	EMERGENCY		91.00	0 33.41
33.42 ASSETS RELEASED FROM RESTRICTED FUND	B	247	AMBULANCE SERVICES		95.00	0 33.42
33.43 OTHER REVENUE PHARMACY	B	-11,250	PHARMACY		15.00	0 33.43
34.00 ADVERTISING EXPENSE P. T.	A	-3,051	PHYSICAL THERAPY		66.00	0 34.00
35.00 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-4,631	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 35.00
36.00 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-3,070	ADMINISTRATIVE AND GENERAL		5.04	0 36.00
37.00 CHARITABLE CONTRIBUTIONS	A	-14,188	ADMINISTRATIVE AND GENERAL		5.04	0 37.00
38.00 SELF FUNDED INSURANCE	A	-5,821	GI FT, FLOWER, COFFEE SHOP & CANTEEN		190.00	0 38.00
38.01 SELF FUNDED INSURANCE	A	-93,937	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.01
38.02 SELF FUNDED INSURANCE	A	-159,934	ADMINITTING		5.01	0 38.02
38.04 SELF FUNDED INSURANCE	A	-20,350	MENTAL HEALTH ADMINISTRATION		5.03	0 38.04
38.05 SELF FUNDED INSURANCE	A	-405,083	ADMINISTRATIVE AND GENERAL		5.04	0 38.05
38.06 SELF FUNDED INSURANCE	A	-177,142	OPERATION OF PLANT		7.00	0 38.06
38.07 SELF FUNDED INSURANCE	A	-194	OPERATION OF PLANT- POB I		7.01	0 38.07
38.08 SELF FUNDED INSURANCE	A	-20,167	OPERATION OF PLANT NW		7.02	0 38.08
38.09 SELF FUNDED INSURANCE	A	-123,103	HOUSEKEEPING		9.00	0 38.09
38.10 SELF FUNDED INSURANCE	A	-9,582	HOUSEKEEPING-POB I		9.01	0 38.10
38.11 SELF FUNDED INSURANCE	A	-16,189	HOUSEKEEPING NW		9.02	0 38.11
38.12 SELF FUNDED INSURANCE	A	-195,264	NURSING ADMINISTRATION		13.00	0 38.12
38.13 SELF FUNDED INSURANCE	A	-34,734	CENTRAL SERVICES & SUPPLY		14.00	0 38.13
38.14 SELF FUNDED INSURANCE	A	-259,097	PHARMACY		15.00	0 38.14
38.15 SELF FUNDED INSURANCE	A	-281,167	MEDICAL RECORDS & LIBRARY		16.00	0 38.15
38.16 SELF FUNDED INSURANCE	A	-59,681	SOCIAL SERVICE		17.00	0 38.16
38.17 SELF FUNDED INSURANCE	A	-2,909	PARAMED PRGM		23.00	0 38.17
38.18 SELF FUNDED INSURANCE	A	-1,390,511	ADULTS & PEDIATRICS		30.00	0 38.18
38.19 SELF FUNDED INSURANCE	A	-384,299	INTENSIVE CARE UNIT		31.00	0 38.19
38.20 SELF FUNDED INSURANCE	A	-230,339	CORONARY CARE UNIT		32.00	0 38.20
38.21 SELF FUNDED INSURANCE	A	-77,691	SUBPROVIDER - IRF		41.00	0 38.21
38.22 SELF FUNDED INSURANCE	A	-98,815	SUBPROVIDER - IPF		40.00	0 38.22
38.23 SELF FUNDED INSURANCE	A	-409,680	OPERATING ROOM		50.00	0 38.23
38.24 SELF FUNDED INSURANCE	A	-44,746	RECOVERY ROOM		51.00	0 38.24
38.25 SELF FUNDED INSURANCE	A	-349,973	RADIOLOGY-DIAGNOSTIC		54.00	0 38.25
38.26 SELF FUNDED INSURANCE	A	-62,612	CT SCAN		57.00	0 38.26
38.27 SELF FUNDED INSURANCE	A	-79,210	CARDIAC CATHETERIZATION		59.00	0 38.27
38.28 SELF FUNDED INSURANCE	A	-392,427	LABORATORY		60.00	0 38.28
38.29 SELF FUNDED INSURANCE	A	-53,488	G. I. LAB		60.01	0 38.29
38.30 SELF FUNDED INSURANCE	A	-20,506	VASCULAR LAB		60.02	0 38.30
38.31 SELF FUNDED INSURANCE	A	-41,459	LABORATORY-PATHOLOGY		60.03	0 38.31
38.32 SELF FUNDED INSURANCE	A	-31,455	BLOOD STORING, PROCESSING & TRANS.		63.00	0 38.32
38.33 SELF FUNDED INSURANCE	A	-262,809	RESPIRATORY THERAPY		65.00	0 38.33
38.34 SELF FUNDED INSURANCE	A	-141,076	PHYSICAL THERAPY		66.00	0 38.34
38.35 SELF FUNDED INSURANCE	A	-67,936	OCCUPATIONAL THERAPY		67.00	0 38.35
38.36 SELF FUNDED INSURANCE	A	-22,131	SPEECH PATHOLOGY		68.00	0 38.36
38.37 SELF FUNDED INSURANCE	A	-57,257	ELECTROCARDIOLOGY		69.00	0 38.37
38.38 SELF FUNDED INSURANCE	A	-26,499	ELECTROENCEPHALOGRAPHY		70.00	0 38.38
38.39 SELF FUNDED INSURANCE	A	-7,695	SHOCK THERAPY		76.00	0 38.39
38.40 SELF FUNDED INSURANCE	A	-88,595	PAIN MANAGEMENT & OP CHEMO		76.01	0 38.40
38.41 SELF FUNDED INSURANCE	A	-25,900	DIABETES CARE CENTER		76.02	0 38.41
38.42 SELF FUNDED INSURANCE	A	-41,222	OP PSYCH		76.03	0 38.42
38.43 SELF FUNDED INSURANCE	A	-10,065	CARDIAC REHAB		76.04	0 38.43
38.44 SELF FUNDED INSURANCE	A	-11,510	HYPERBARIC OXYGEN THERAPY		76.98	0 38.44
38.45 SELF FUNDED INSURANCE	A	-646,721	EMERGENCY		91.00	0 38.45

Provider CCN: 260180

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

Worksheet A-8

Date/Time Prepared:
 5/21/2014 10:38 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
38.46 SELF FUNDED INSURANCE	A	-381,676	AMBULANCE SERVICES	95.00	0 38.46
38.47 SELF FUNDED INSURANCE	A	-47,474	RETAIL PHARMACY	190.10	0 38.47
38.48 SELF FUNDED INSURANCE	A	-19,939	PUBLIC RELATIONS	190.11	0 38.48
38.49 SELF FUNDED INSURANCE	A	-22,938	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0 38.49
38.50 SELF FUNDED INSURANCE	A	-3,501	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0 38.50
39.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,250	MENTAL HEALTH ADMINISTRATION	5.03	0 39.00
40.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-61,570	ADMINISTRATIVE AND GENERAL	5.04	0 40.00
41.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-4,962	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.00
42.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-1,400	NURSING ADMINISTRATION	13.00	0 42.00
43.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-5,095	MEDICAL RECORDS & LIBRARY	16.00	0 43.00
44.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-461	ADULTS & PEDIATRICS	30.00	0 44.00
45.00 ASSETS RELEASED FROM RESTRICTED FUND	B	-31,309	RADIOLOGY-DIAGNOSTIC	54.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		7,694,525			50.00

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

Provider CCN: 260180

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2014 10:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	23,368,407	0 1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	-7,032	0 2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	160,521	171,901 3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	138,165	107,589 4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	25,887	49,671 4.01
4.02	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	1,001	1,400 4.02
4.03	63.00	BLOOD STORING, PROCESSING &	BARNES JEWISH LAB BLOOD BANK	235	692 4.03
5.00	0		0	23,687,184	331,253 5.00

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

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

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

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

6.00	G	BJC HEALTH CARE	0.00	0.00	6.00
7.00			0.00	0.00	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:	HOME OFFICE			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: 260180

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2014 10:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	23,368,407	0		1.00
2.00	-7,032	0		2.00
3.00	-11,380	0		3.00
4.00	30,576	0		4.00
4.01	-23,784	0		4.01
4.02	-399	0		4.02
4.03	-457	0		4.03
5.00	23,355,931			5.00

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

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

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

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

6.00			6.00
7.00			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: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2014 10:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. A	15,000	0	15,000	196,400	128	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	847,222	847,222	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,761,461	1,761,461	0	0	0	3.00
4.00	41.00	DR. B	51,000	0	51,000	177,200	587	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	411,911	411,911	0	0	0	5.00
6.00	50.00	DR. C	30,000	0	30,000	208,000	209	6.00
7.00	50.00	DR. D	50,000	0	50,000	208,000	315	7.00
8.00	50.00	DR. E	15,501	12,000	3,501	208,000	194	8.00
9.00	50.00	DR. F	70,000	0	70,000	208,000	396	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	5,532,844	5,502,844	30,000	200,300	164	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	639,660	591,660	48,000	225,300	238	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	75,000	75,000	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	381,754	31,750	350,004	215,700	5,017	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	377,964	0	377,964	177,200	4,430	14.00
15.00	60.01	DR. G	9,000	0	9,000	177,200	88	15.00
16.00	69.00	DR. H	15,000	0	15,000	177,200	88	16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	1,519,000	1,519,000	0	0	0	17.00
18.00	76.03	DR. I	12,000	0	12,000	177,200	147	18.00
19.00	91.00	AGGREGATE-EMERGENCY	4,403,682	4,403,682	0	0	0	19.00
20.00	95.00	AGGREGATE-AMBULANCE SERVICES	78,538	78,538	0	0	0	20.00
200.00			16,296,537	15,235,068	1,061,469		12,001	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	30.00	DR. A	12,086	604	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	41.00	DR. B	50,008	2,500	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.00	DR. C	20,900	1,045	0	0	0	6.00
7.00	50.00	DR. D	31,500	1,575	0	0	0	7.00
8.00	50.00	DR. E	19,400	970	0	0	0	8.00
9.00	50.00	DR. F	39,600	1,980	0	0	0	9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	15,793	790	0	0	0	10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	25,780	1,289	0	0	0	11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	60.00	AGGREGATE-LABORATORY	520,272	26,014	0	0	0	13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	377,402	18,870	0	0	0	14.00
15.00	60.01	DR. G	7,497	375	0	0	0	15.00
16.00	69.00	DR. H	7,497	375	0	0	0	16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	17.00
18.00	76.03	DR. I	12,523	626	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	19.00
20.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	0	0	20.00
200.00			1,140,258	57,013	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	DR. A	0	12,086	2,914	2,914	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	847,222	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,761,461	3.00
4.00	41.00	DR. B	0	50,008	992	992	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	411,911	5.00
6.00	50.00	DR. C	0	20,900	9,100	9,100	6.00
7.00	50.00	DR. D	0	31,500	18,500	18,500	7.00
8.00	50.00	DR. E	0	19,400	0	12,000	8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
9.00	50.00	DR. F	0	39,600	30,400	30,400		9.00
10.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	15,793	14,207	5,517,051		10.00
11.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	25,780	22,220	613,880		11.00
12.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	75,000		12.00
13.00	60.00	AGGREGATE-LABORATORY	0	520,272	0	31,750		13.00
14.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	377,402	562	562		14.00
15.00	60.01	DR. G	0	7,497	1,503	1,503		15.00
16.00	69.00	DR. H	0	7,497	7,503	7,503		16.00
17.00	76.01	AGGREGATE-PAIN MANAGEMENT & OP CHEMO	0	0	0	1,519,000		17.00
18.00	76.03	DR. I	0	12,523	0	0		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,403,682		19.00
20.00	95.00	AGGREGATE-AMBULANCE SERVICES	0	0	0	78,538		20.00
200.00			0	1,140,258	107,901	15,342,969		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,221,338	5,221,338				1.00
1.01 00101 NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02 00102 NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03 00103 NEW CAP REL COSTS-PFD	1,574	0	0	0	1,574	1.03
1.04 00104 NEW CAP REL COSTS-CHIP	4,542	0	0	0	0	1.04
1.05 00105 NEW CAP REL COSTS-POB I	253,346	0	0	0	0	1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB	172,767	0	0	0	0	1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING	947,937	0	0	0	0	1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	10,134,140					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,126,300	10,817	0	964	146	4.00
5.01 00510 ADMINISTRATION	2,660,252	52,236	0	0	30	5.01
5.02 00511 CASHIERING	56,847	0	0	46	153	5.02
5.03 00512 MENTAL HEALTH ADMINISTRATION	321,646	0	0	139	0	5.03
5.04 00560 ADMINISTRATIVE AND GENERAL	44,927,500	485,684	3,093	1,595	882	5.04
7.00 00700 OPERATION OF PLANT	6,483,905	692,636	334	1,064	194	7.00
7.01 00701 OPERATION OF PLANT- POB I	3,327	0	0	0	0	7.01
7.02 00702 OPERATION OF PLANT NW	686,034	0	0	0	0	7.02
8.00 00800 LAUNDRY & LINEN SERVICE	1,119,733	64,218	0	0	0	8.00
9.00 00900 HOUSEKEEPING	2,942,103	61,801	0	102	7	9.00
9.01 00901 HOUSEKEEPING-POB I	194,778	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING NW	394,692	0	0	0	0	9.02
10.00 01000 DIETARY	4,108,716	39,486	2,055	0	7	10.00
11.00 01100 CAFETERIA	107,538	46,067	0	1,297	19	11.00
13.00 01300 NURSING ADMINISTRATION	3,182,611	0	0	297	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	648,034	70,642	0	0	0	14.00
15.00 01500 PHARMACY	4,699,163	39,443	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,137,295	62,000	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	935,922	0	0	0	0	17.00
17.01 01850 RESEARCH ADMIN	4,258	0	0	0	0	17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	86,454	0	0	0	0	21.00
23.00 02300 PARAMEDICAL PRGM	38,270	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,494,388	1,552,825	0	274	0	30.00
31.00 03100 INTENSIVE CARE UNIT	6,345,453	111,962	0	159	0	31.00
32.00 03200 CORONARY CARE UNIT	3,691,406	98,388	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	1,559,883	106,234	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,271,165	91,977	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,806,729	710,688	0	58	0	50.00
51.00 05100 RECOVERY ROOM	745,905	35,008	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	288,852	5,629	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,834,053	95,659	0	145	0	54.00
57.00 05700 CT SCAN	1,252,055	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,663,185	94,848	0	0	0	59.00
60.00 06000 LABORATORY	10,295,754	66,122	0	3,793	0	60.00
60.01 06001 G.I. LAB	1,348,707	21,790	0	946	0	60.01
60.02 06002 VASCULAR LAB	323,828	0	0	383	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	1,033,427	0	0	334	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,531,514	0	0	362	0	63.00
65.00 06500 RESPIRATORY THERAPY	4,759,293	30,659	0	53	0	65.00
66.00 06600 PHYSICAL THERAPY	2,206,440	46,507	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,040,927	25,627	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	338,736	17,469	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	961,938	0	0	796	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	439,664	0	0	439	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,882,427	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,928,741	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,727,335	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,436,499	19,245	0	0	0	74.00
76.00 03020 SHOCK THERAPY	121,952	0	0	0	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	1,568,167	4,307	0	0	0	76.01
76.02 03022 DIABETES CARE CENTER	538,428	0	0	0	0	76.02
76.03 03023 OP PSYCH	686,291	0	0	0	0	76.03
76.04 03024 CARDIAC REHAB	168,823	31,938	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	430,696	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	10,732,135	235,096	0	1,595	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS						
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD			
		0	1.00	1.01	1.02		1.03	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES	7,063,129	0	0	218	0	95.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	238,140,721	5,027,008	5,482	15,059	1,438	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	476,475	17,909	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	56	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	171,347	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	137,135	0	0	0	3	190.09
190.10	19010	RETAIL PHARMACY	6,062,111	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	1,326,549	5,074	0	0	36	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	604,520	0	0	0	41	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	82,649	0	0	0	0	192.01
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)	246,830,160	5,221,338	5,482	16,292	1,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		CAPITAL RELATED COSTS					
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	NEW CAP REL COSTS-CHIP	4,542				1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	253,346			1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	172,767		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	947,937	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					10,134,140
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,840	0	0	5,958
5.01	00510	ADMINISTRATIVE	0	0	0	25,799	2,073
5.02	00511	CASHIERING	0	0	0	0	0
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00560	ADMINISTRATIVE AND GENERAL	93	38,102	8,026	188,957	6,298,000
7.00	00700	OPERATION OF PLANT	805	19,911	796	0	41,172
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	0	0	21,875	4,544
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	9,889	217
9.00	00900	HOUSEKEEPING	47	0	0	0	1,691
9.01	00901	HOUSEKEEPING-POB I	0	282	0	0	0
9.02	00902	HOUSEKEEPING NW	0	0	0	13,526	0
10.00	01000	DIETARY	0	0	0	0	32,702
11.00	01100	CAFETERIA	0	0	0	24,401	4,286
13.00	01300	NURSING ADMINISTRATION	0	1,034	0	0	156,009
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	35,957
15.00	01500	PHARMACY	0	0	0	0	30,637
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,852	0	12,810	1,390
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	75,751
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	178,716
32.00	03200	CORONARY CARE UNIT	0	0	0	0	70,608
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	5,222
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	2,502
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	831,062
51.00	05100	RECOVERY ROOM	0	0	0	0	65,610
53.00	05300	ANESTHESIOLOGY	0	0	0	0	130,059
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,604	16,467	0	148,521	358,511
57.00	05700	CT SCAN	135	0	0	0	131,022
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	624,157
60.00	06000	LABORATORY	0	854	0	21,785	135,967
60.01	06001	G.I. LAB	0	0	0	0	92,526
60.02	06002	VASCULAR LAB	0	0	0	0	3,220
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	38,217
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,003
65.00	06500	RESPIRATORY THERAPY	0	0	0	57,402	82,889
66.00	06600	PHYSICAL THERAPY	0	0	38,536	0	3,257
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,702	0	76
68.00	06800	SPEECH PATHOLOGY	0	0	5,000	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	75,775
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	59,695	17,520
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,421
76.00	03020	SHOCK THERAPY	0	0	0	0	0
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	2,664	0	0	15,464
76.02	03022	DIABETES CARE CENTER	0	4,616	0	0	923
76.03	03023	OP PSYCH	0	0	0	0	12,713
76.04	03024	CARDIAC REHAB	0	0	0	0	3,428
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	321,139	71,307
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	478,208

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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Cost Center Description		CAPITAL RELATED COSTS					
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,684	94,622	57,060	905,799	10,130,770	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	42,138	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	858	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	11,899	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	3,242	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	128	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	146,825	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	115,707	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,542	253,346	172,767	947,937	10,134,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/21/2014 10:38 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,151,025					4.00
5.01	00510	ADMINITTING	90,663	2,831,053				5.01
5.02	00511	CASHIERING	0	0	57,046			5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	11,536	0	0	333,321		5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	229,633	0	0	0	52,181,565	5.04
7.00	00700	OPERATION OF PLANT	100,418	0	0	0	7,341,235	7.00
7.01	00701	OPERATION OF PLANT- POB I	110	0	0	0	3,437	7.01
7.02	00702	OPERATION OF PLANT NW	11,443	0	0	0	723,896	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,194,057	8.00
9.00	00900	HOUSEKEEPING	69,785	0	0	0	3,075,536	9.00
9.01	00901	HOUSEKEEPING-POB I	5,432	0	0	0	200,492	9.01
9.02	00902	HOUSEKEEPING NW	9,177	0	0	0	417,395	9.02
10.00	01000	DIETARY	0	0	0	0	4,182,966	10.00
11.00	01100	CAFETERIA	0	0	0	0	183,608	11.00
13.00	01300	NURSING ADMINISTRATION	110,691	0	0	0	3,450,642	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,690	0	0	0	774,323	14.00
15.00	01500	PHARMACY	146,877	0	0	0	4,916,120	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	159,388	0	0	0	6,376,735	16.00
17.00	01700	SOCIAL SERVICE	33,832	0	0	0	969,754	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	4,258	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	86,454	21.00
23.00	02300	PARAMED PRGM	1,649	0	0	0	39,919	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	788,250	241,621	4,871	190,846	25,348,826	30.00
31.00	03100	INTENSIVE CARE UNIT	217,851	57,289	1,155	0	6,912,585	31.00
32.00	03200	CORONARY CARE UNIT	130,574	41,751	842	0	4,033,569	32.00
40.00	04000	SUBPROVIDER - I PF	56,016	12,029	243	142,475	1,882,102	40.00
41.00	04100	SUBPROVIDER - I RF	44,042	11,818	238	0	1,421,742	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	232,239	139,417	2,811	0	11,723,004	50.00
51.00	05100	RECOVERY ROOM	25,365	18,503	373	0	890,764	51.00
53.00	05300	ANESTHESIOLOGY	0	29,362	592	0	454,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,393	248,217	5,004	0	7,907,574	54.00
57.00	05700	CT SCAN	35,493	212,638	4,287	0	1,635,630	57.00
59.00	05900	CARDIAC CATHETERIZATION	44,903	86,967	1,753	0	2,515,813	59.00
60.00	06000	LABORATORY	222,459	390,956	7,855	0	11,145,545	60.00
60.01	06001	G.I. LAB	30,321	25,871	522	0	1,520,683	60.01
60.02	06002	VASCULAR LAB	11,624	18,019	363	0	357,437	60.02
60.03	06003	LABORATORY-PATHOLOGY	23,502	18,015	363	0	1,113,858	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,831	30,068	606	0	2,581,384	63.00
65.00	06500	RESPIRATORY THERAPY	148,981	83,276	1,679	0	5,164,232	65.00
66.00	06600	PHYSICAL THERAPY	79,973	37,394	754	0	2,412,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,512	16,764	338	0	1,126,946	67.00
68.00	06800	SPEECH PATHOLOGY	12,546	4,500	91	0	378,342	68.00
69.00	06900	ELECTROCARDIOLOGY	32,458	99,608	2,008	0	1,172,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,022	16,378	330	0	549,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	111,029	2,238	0	8,995,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	103,463	2,086	0	10,034,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	277,298	5,590	0	15,010,223	73.00
74.00	07400	RENAL DIALYSIS	0	16,043	323	0	1,482,531	74.00
76.00	03020	SHOCK THERAPY	4,362	512	10	0	126,836	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	50,223	16,002	323	0	1,657,150	76.01
76.02	03022	DIABETES CARE CENTER	14,682	464	9	0	559,122	76.02
76.03	03023	OP PSYCH	23,368	11,380	229	0	733,981	76.03
76.04	03024	CARDIAC REHAB	5,706	1,384	28	0	211,307	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,525	6,564	132	0	443,917	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	366,613	373,118	7,522	0	12,108,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	216,364	73,335	1,478	0	7,832,732	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,094,522	2,831,053	57,046	333,321	237,567,722	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,300	0	0	0	497,684	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	42,138	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	858	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	56	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	171,347	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	11,899	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	140,380	190.09
190.10	19010	RETAIL PHARMACY	26,912	0	0	0	6,089,151	190.10
190.11	19011	PUBLIC RELATIONS	11,303	0	0	0	1,342,962	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	13,003	0	0	0	617,564	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	146,825	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	1,985	0	0	0	200,341	192.01
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)	4,151,025	2,831,053	57,046	333,321	246,830,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/21/2014 10:38 am			
Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
			5.04	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	52,181,565					5.04
7.00	00700	OPERATION OF PLANT	1,968,046	9,309,281				7.00
7.01	00701	OPERATION OF PLANT- POB I	921	0	4,358			7.01
7.02	00702	OPERATION OF PLANT NW	194,063	0	0	917,959		7.02
8.00	00800	LAUNDRY & LINEN SERVICE	320,104	107,986	0	12,763	1,634,910	8.00
9.00	00900	HOUSEKEEPING	824,493	136,405	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	53,748	0	7	0	0	9.01
9.02	00902	HOUSEKEEPING NW	111,896	0	0	17,456	0	9.02
10.00	01000	DIETARY	1,121,374	251,227	0	0	0	10.00
11.00	01100	CAFETERIA	49,222	221,565	0	31,490	0	11.00
13.00	01300	NURSING ADMINISTRATION	925,052	27,463	24	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	207,581	118,790	0	0	12,570	14.00
15.00	01500	PHARMACY	1,317,918	66,326	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,709,481	104,258	89	16,531	0	16.00
17.00	01700	SOCIAL SERVICE	259,973	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	1,141	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	23,177	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	10,702	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,795,514	2,636,579	0	0	779,581	30.00
31.00	03100	INTENSIVE CARE UNIT	1,853,133	202,970	0	0	97,750	31.00
32.00	03200	CORONARY CARE UNIT	1,081,323	165,445	0	0	73,312	32.00
40.00	04000	SUBPROVIDER - IPF	504,556	178,639	0	0	18,455	40.00
41.00	04100	SUBPROVIDER - IRF	381,142	154,665	0	0	48,850	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,142,715	1,200,468	0	0	113,825	50.00
51.00	05100	RECOVERY ROOM	238,797	58,869	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	121,841	9,465	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,119,870	938,294	381	191,670	62,744	54.00
57.00	05700	CT SCAN	438,481	39,724	0	0	29,019	57.00
59.00	05900	CARDIAC CATHETERIZATION	674,442	159,494	0	0	21,563	59.00
60.00	06000	LABORATORY	2,987,909	462,204	20	28,115	0	60.00
60.01	06001	G. I. LAB	407,666	124,167	0	0	18,296	60.01
60.02	06002	VASCULAR LAB	95,822	35,470	0	0	2,147	60.02
60.03	06003	LABORATORY-PATHOLOGY	298,604	30,904	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	692,020	33,510	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,384,432	56,479	0	74,079	19	65.00
66.00	06600	PHYSICAL THERAPY	646,842	78,205	0	0	3,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	302,113	43,094	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	101,426	29,375	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	314,347	73,664	0	0	1,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,189	40,632	0	77,038	1,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,411,575	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,690,002	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,023,956	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	397,438	32,362	0	0	0	74.00
76.00	03020	SHOCK THERAPY	34,002	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	444,250	7,242	62	0	2,215	76.01
76.02	03022	DIABETES CARE CENTER	149,890	0	107	0	0	76.02
76.03	03023	OP PSYCH	196,766	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	56,647	53,706	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	119,006	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,246,065	542,990	0	414,437	303,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,099,807	20,149	0	0	44,084	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,698,480	8,442,785	690	863,579	1,634,910	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Part I
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Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
			5.04	7.00	7.01	7.02	8.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133,420	30,116	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	331	114,129	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	11,296	0	0	54,380	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	230	251,705	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	15	71,226	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	45,935	288,131	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	3,190	0	275	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	37,633	3,705	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	1,632,386	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	360,023	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	165,557	52,774	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,361	54,710	3,393	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	53,708	0	0	0	0	192.01
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)	52,181,565	9,309,281	4,358	917,959	1,634,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA		
		9.00	9.01	9.02	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	ADMINISTRATIVE					5.01	
5.02	00511	CASHIERING					5.02	
5.03	00512	MENTAL HEALTH ADMINISTRATION					5.03	
5.04	00560	ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT- POB I					7.01	
7.02	00702	OPERATION OF PLANT NW					7.02	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	4,036,434				9.00	
9.01	00901	HOUSEKEEPING-POB I	0	254,247			9.01	
9.02	00902	HOUSEKEEPING NW	0	0	546,747		9.02	
10.00	01000	DIETARY	114,452	0	0	5,670,019	10.00	
11.00	01100	CAFETERIA	100,939	0	19,394	3,772,353	4,378,571	11.00
13.00	01300	NURSING ADMINISTRATION	12,511	1,396	0	0	87,617	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,117	0	0	0	28,777	14.00
15.00	01500	PHARMACY	30,216	0	0	0	101,877	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,497	5,203	10,181	0	191,830	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	32,141	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	3,889	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,201,163	0	0	1,272,070	937,604	30.00
31.00	03100	INTENSIVE CARE UNIT	92,468	0	0	154,077	184,309	31.00
32.00	03200	CORONARY CARE UNIT	75,372	0	0	114,368	135,572	32.00
40.00	04000	SUBPROVIDER - IPF	81,383	0	0	87,379	58,326	40.00
41.00	04100	SUBPROVIDER - IRF	70,462	0	0	83,161	47,183	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	546,902	0	0	0	192,601	50.00
51.00	05100	RECOVERY ROOM	26,819	0	0	0	21,771	51.00
53.00	05300	ANESTHESIOLOGY	4,312	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	427,463	22,245	118,047	0	175,749	54.00
57.00	05700	CT SCAN	18,097	0	0	0	32,666	57.00
59.00	05900	CARDIAC CATHETERIZATION	72,661	0	0	0	35,516	59.00
60.00	06000	LABORATORY	210,568	1,153	17,315	0	273,222	60.00
60.01	06001	G.I. LAB	56,567	0	0	0	27,995	60.01
60.02	06002	VASCULAR LAB	16,159	0	0	0	9,332	60.02
60.03	06003	LABORATORY-PATHOLOGY	14,079	0	0	0	30,331	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,266	0	0	0	19,445	63.00
65.00	06500	RESPIRATORY THERAPY	25,730	0	45,624	0	139,718	65.00
66.00	06600	PHYSICAL THERAPY	35,628	0	0	0	81,917	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,633	0	0	0	41,473	67.00
68.00	06800	SPEECH PATHOLOGY	13,382	0	0	0	10,885	68.00
69.00	06900	ELECTROCARDIOLOGY	33,559	0	0	0	31,102	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,511	0	47,447	0	17,624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,743	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	3,107	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	3,299	3,599	0	0	59,108	76.01
76.02	03022	DIABETES CARE CENTER	0	6,235	0	0	15,556	76.02
76.03	03023	OP PSYCH	0	0	0	0	27,223	76.03
76.04	03024	CARDIAC REHAB	24,467	0	0	0	4,671	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	7,253	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	247,372	0	255,247	0	362,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,179	0	0	0	293,954	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,734,976	39,831	513,255	5,483,408	3,723,480	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA		
		9.00	9.01	9.02	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,720	0	0	0	6,225	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	604,019	190.01
190.02	19002	NON REIMBURSABLE B BLDG	51,994	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	33,492	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	114,670	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	32,449	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	37,969	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	16,074	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	186,611	0	190.08
190.09	19009	CATERING	1,688	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	22,295	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	9,846	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	24,043	0	0	0	7,778	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,925	198,342	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	4,928	192.01
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)	4,036,434	254,247	546,747	5,670,019	4,378,571	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/21/2014 10:38 am				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-WHSE				1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02		
1.03	00103	NEW CAP REL COSTS-PFD				1.03		
1.04	00104	NEW CAP REL COSTS-CHIP				1.04		
1.05	00105	NEW CAP REL COSTS-POB I				1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00510	ADMINISTRATION				5.01		
5.02	00511	CASHIERING				5.02		
5.03	00512	MENTAL HEALTH ADMINISTRATION				5.03		
5.04	00560	ADMINISTRATIVE AND GENERAL				5.04		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT- POB I				7.01		
7.02	00702	OPERATION OF PLANT NW				7.02		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING-POB I				9.01		
9.02	00902	HOUSEKEEPING NW				9.02		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION	4,504,705			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,196,158		14.00		
15.00	01500	PHARMACY	0	0	6,432,457	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	8,461,805	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,261,868	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,606,047	0	1,957	722,157	722,546	30.00
31.00	03100	INTENSIVE CARE UNIT	511,819	0	134	171,226	0	31.00
32.00	03200	CORONARY CARE UNIT	377,619	0	56	124,786	0	32.00
40.00	04000	SUBPROVIDER - I PF	162,174	0	14	35,952	539,322	40.00
41.00	04100	SUBPROVIDER - I RF	131,755	0	26	35,322	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	489,970	0	19,132	416,690	0	50.00
51.00	05100	RECOVERY ROOM	60,838	0	15	55,301	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	7,379	87,756	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15	741,870	0	54.00
57.00	05700	CT SCAN	0	0	0	635,531	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	21	259,926	0	59.00
60.00	06000	LABORATORY	0	0	8	1,168,852	0	60.00
60.01	06001	G.I. LAB	0	0	2,933	77,324	0	60.01
60.02	06002	VASCULAR LAB	0	0	2	53,854	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	53,843	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	89,867	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	554	248,896	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	111,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	50,105	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	13,448	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	297,708	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	48,950	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	531,956	0	331,842	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	664,202	0	309,229	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,374,138	828,789	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	12	47,949	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	1,531	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	164,483	0	884	47,826	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	1,387	0	76.02
76.03	03023	OP PSYCH	0	0	0	34,011	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	4,135	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	19,619	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	958	1,115,176	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	24,219	219,183	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,504,705	1,196,158	6,432,457	8,461,805	1,261,868	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,504,705	1,196,158	6,432,457	8,461,805	1,261,868	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	17.01	21.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.04 00104 NEW CAP REL COSTS-CHIP						1.04
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 ADMIN TTING						5.01
5.02 00511 CASHIERING						5.02
5.03 00512 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00560 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN	5,399					17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	109,631				21.00
23.00 02300 PARAMED PRGM	0	0	54,510			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	40,525	43,064,569	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	4,909	10,185,380	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	3,643	6,185,065	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	2,649	3,550,951	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	2,784	2,377,092	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	109,631	0	17,954,938	-109,631	50.00
51.00 05100 RECOVERY ROOM	0	0	0	1,353,174	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	685,247	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	12,705,922	0	54.00
57.00 05700 CT SCAN	0	0	0	2,829,148	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	3,739,436	0	59.00
60.00 06000 LABORATORY	0	0	0	16,294,911	0	60.00
60.01 06001 G.I. LAB	0	0	0	2,235,631	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	570,223	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	1,541,619	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,431,492	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	7,139,763	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	3,371,102	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,583,364	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	546,858	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,924,962	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	947,686	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,271,067	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,697,723	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	26,237,106	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,975,035	0	74.00
76.00 03020 SHOCK THERAPY	0	0	0	165,476	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	2,390,118	0	76.01
76.02 03022 DIABETES CARE CENTER	0	0	0	732,297	0	76.02
76.03 03023 OP PSYCH	0	0	0	991,981	0	76.03
76.04 03024 CARDIAC REHAB	0	0	0	354,933	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	589,795	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	18,596,255	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	RESEARCH ADMIN	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
		SERVICES-SALARY & FRINGES						
	17.01	21.00	23.00	24.00	25.00			
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	10,543,307	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	109,631	54,510	232,763,626	-109,631	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	681,165	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	604,019	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	167,687	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	141,306	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	367,463	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	103,746	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	543,382	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	31,438	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	186,611	0	190.08
190.09	19009	CATERING	0	0	0	183,406	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	7,743,832	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	1,712,831	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	867,716	0	190.12
191.00	19100	RESEARCH	5,399	0	0	5,399	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	467,556	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	258,977	0	192.01
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)	5,399	109,631	54,510	246,830,160	-109,631	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.04	00104 NEW CAP REL COSTS-CHIP		1.04
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 ADMITTING		5.01
5.02	00511 CASHIERING		5.02
5.03	00512 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00560 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	43,064,569	30.00
31.00	03100 INTENSIVE CARE UNIT	10,185,380	31.00
32.00	03200 CORONARY CARE UNIT	6,185,065	32.00
40.00	04000 SUBPROVIDER - I PF	3,550,951	40.00
41.00	04100 SUBPROVIDER - I RF	2,377,092	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	17,845,307	50.00
51.00	05100 RECOVERY ROOM	1,353,174	51.00
53.00	05300 ANESTHESIOLOGY	685,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,705,922	54.00
57.00	05700 CT SCAN	2,829,148	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,739,436	59.00
60.00	06000 LABORATORY	16,294,911	60.00
60.01	06001 G. I. LAB	2,235,631	60.01
60.02	06002 VASCULAR LAB	570,223	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,541,619	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,431,492	63.00
65.00	06500 RESPIRATORY THERAPY	7,139,763	65.00
66.00	06600 PHYSICAL THERAPY	3,371,102	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,583,364	67.00
68.00	06800 SPEECH PATHOLOGY	546,858	68.00
69.00	06900 ELECTROCARDIOLOGY	1,924,962	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	947,686	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,271,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,697,723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,237,106	73.00
74.00	07400 RENAL DIALYSIS	1,975,035	74.00
76.00	03020 SHOCK THERAPY	165,476	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	2,390,118	76.01
76.02	03022 DIABETES CARE CENTER	732,297	76.02
76.03	03023 OP PSYCH	991,981	76.03
76.04	03024 CARDIAC REHAB	354,933	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	589,795	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	18,596,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	10,543,307	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	232,653,995	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	681,165	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
190.01	19001	VISITOR MEALS	604,019	190.01
190.02	19002	NON REIMBURSABLE B BLDG	167,687	190.02
190.03	19003	NON REIMB NW BUILDING	141,306	190.03
190.04	19004	NON REIMBURSABLE CHIP	367,463	190.04
190.05	19005	NON REIMBURSABLE PFD	103,746	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	543,382	190.06
190.07	19007	NON REIMBURSABLE POB I	31,438	190.07
190.08	19008	MEALS ON WHEELS	186,611	190.08
190.09	19009	CATERING	183,406	190.09
190.10	19010	RETAIL PHARMACY	7,743,832	190.10
190.11	19011	PUBLIC RELATIONS	1,712,831	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	867,716	190.12
191.00	19100	RESEARCH	5,399	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	467,556	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	258,977	192.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	246,720,529	202.00

COST ALLOCATION STATISTICS

Provider CCN: 260180

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

Worksheet Non-CMS W
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	1.01
1.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	1.02
1.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	1.03
1.04	NEW CAP REL COSTS-CHIP	24	SQUARE	FEET	1.04
1.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	ADMITTING	27	GROSS	REVENUE	5.01
5.02	CASHIERING	27	GROSS	REVENUE	5.02
5.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIENT	DAYS	5.03
5.04	ADMINISTRATIVE AND GENERAL	-41	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	28	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	7.01
7.02	OPERATION OF PLANT NW	30	SQUARE	FEET	7.02
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	29	SQUARE	FEET	9.00
9.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	9.01
9.02	HOUSEKEEPING NW	30	SQUARE	FEET	9.02
10.00	DIETARY	8	MEALS	SERVED	10.00
11.00	CAFETERIA	9	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	14	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	16.00
17.00	SOCIAL SERVICE	16	TIME	SPENT	17.00
17.01	RESEARCH ADMIN	17	TIME	SPENT	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
23.00	PARAMED ED PRGM	34	PATIENT	DAYS	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-WHSE					1.01
1.02 00102	NEW CAP REL COSTS-B BLDG					1.02
1.03 00103	NEW CAP REL COSTS-PFD					1.03
1.04 00104	NEW CAP REL COSTS-CHIP					1.04
1.05 00105	NEW CAP REL COSTS-POB I					1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,710	10,817	0	964	146 4.00
5.01 00510	ADMINISTRATIVE	22,270	52,236	0	0	30 5.01
5.02 00511	CASHIERING	0	0	0	46	153 5.02
5.03 00512	MENTAL HEALTH ADMINISTRATION	4,279	0	0	139	0 5.03
5.04 00560	ADMINISTRATIVE AND GENERAL	1,446,207	485,684	3,093	1,595	882 5.04
7.00 00700	OPERATION OF PLANT	14,840	692,636	334	1,064	194 7.00
7.01 00701	OPERATION OF PLANT- POB I	0	0	0	0	0 7.01
7.02 00702	OPERATION OF PLANT NW	7,197	0	0	0	0 7.02
8.00 00800	LAUNDRY & LINEN SERVICE	0	64,218	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	61,801	0	102	7 9.00
9.01 00901	HOUSEKEEPING-POB I	0	0	0	0	0 9.01
9.02 00902	HOUSEKEEPING NW	0	0	0	0	0 9.02
10.00 01000	DIETARY	27,772	39,486	2,055	0	7 10.00
11.00 01100	CAFETERIA	0	46,067	0	1,297	19 11.00
13.00 01300	NURSING ADMINISTRATION	1,598,466	0	0	297	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	70,642	0	0	0 14.00
15.00 01500	PHARMACY	358,653	39,443	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,298	62,000	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	3,202	0	0	0	0 17.00
17.01 01850	RESEARCH ADMIN	0	0	0	0	0 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
23.00 02300	PARAMED ED PRGM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	45,738	1,552,825	0	274	0 30.00
31.00 03100	INTENSIVE CARE UNIT	3,220	111,962	0	159	0 31.00
32.00 03200	CORONARY CARE UNIT	634	98,388	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	6,973	106,234	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	537	91,977	0	0	0 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	334,018	710,688	0	58	0 50.00
51.00 05100	RECOVERY ROOM	0	35,008	0	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	5,629	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,224	95,659	0	145	0 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	2,786	94,848	0	0	0 59.00
60.00 06000	LABORATORY	23,734	66,122	0	3,793	0 60.00
60.01 06001	G. I. LAB	3,000	21,790	0	946	0 60.01
60.02 06002	VASCULAR LAB	0	0	0	383	0 60.02
60.03 06003	LABORATORY-PATHOLOGY	86,913	0	0	334	0 60.03
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	362	0 63.00
65.00 06500	RESPIRATORY THERAPY	5,071	30,659	0	53	0 65.00
66.00 06600	PHYSICAL THERAPY	14,482	46,507	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	25,627	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	17,469	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	5,520	0	0	796	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,863	0	0	439	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	718	19,245	0	0	0 74.00
76.00 03020	SHOCK THERAPY	0	0	0	0	0 76.00
76.01 03021	PAIN MANAGEMENT & OP CHEMO	9,972	4,307	0	0	0 76.01
76.02 03022	DIABETES CARE CENTER	4,304	0	0	0	0 76.02
76.03 03023	OP PSYCH	5,295	0	0	0	0 76.03
76.04 03024	CARDIAC REHAB	384	31,938	0	0	0 76.04
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	31,210	235,096	0	1,595	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
		1.00	1.01	1.02	1.03	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	5,901	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,122,391	5,027,008	5,482	15,059	1,438	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,909	0	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	0	0	56	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	171,347	0	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 19009 CATERING	0	0	0	0	3	190.09
190.10 19010 RETAIL PHARMACY	898	0	0	0	0	190.10
190.11 19011 PUBLIC RELATIONS	6,083	5,074	0	0	36	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	2,503	0	0	0	41	190.12
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	4,131,875	5,221,338	5,482	16,292	1,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		CAPITAL RELATED COSTS						
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,840	0	0	5,958	4.00
5.01	00510	ADMINISTRATION	0	0	0	25,799	2,073	5.01
5.02	00511	CASHIERING	0	0	0	0	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	93	38,102	8,026	188,957	6,298,000	5.04
7.00	00700	OPERATION OF PLANT	805	19,911	796	0	41,172	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	21,875	4,544	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	9,889	217	8.00
9.00	00900	HOUSEKEEPING	47	0	0	0	1,691	9.00
9.01	00901	HOUSEKEEPING-POB I	0	282	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	13,526	0	9.02
10.00	01000	DIETARY	0	0	0	0	32,702	10.00
11.00	01100	CAFETERIA	0	0	0	24,401	4,286	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,034	0	0	156,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	35,957	14.00
15.00	01500	PHARMACY	0	0	0	0	30,637	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,852	0	12,810	1,390	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	75,751	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	178,716	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	70,608	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	5,222	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	2,502	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	831,062	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	65,610	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	130,059	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,604	16,467	0	148,521	358,511	54.00
57.00	05700	CT SCAN	135	0	0	0	131,022	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	624,157	59.00
60.00	06000	LABORATORY	0	854	0	21,785	135,967	60.00
60.01	06001	G.I. LAB	0	0	0	0	92,526	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	3,220	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	38,217	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,003	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	57,402	82,889	65.00
66.00	06600	PHYSICAL THERAPY	0	0	38,536	0	3,257	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,702	0	76	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	75,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	59,695	17,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	10,421	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	2,664	0	0	15,464	76.01
76.02	03022	DIABETES CARE CENTER	0	4,616	0	0	923	76.02
76.03	03023	OP PSYCH	0	0	0	0	12,713	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	3,428	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	321,139	71,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	478,208	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

Period:
From 01/01/2013
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Cost Center Description		CAPITAL RELATED COSTS					
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,684	94,622	57,060	905,799	10,130,770	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	42,138	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	858	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	11,899	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	3,242	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	128	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	146,825	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	115,707	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,542	253,346	172,767	947,937	10,134,140	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am	
Cost Center Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	
	2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-WHSE					1.01
1.02 00102	NEW CAP REL COSTS-B BLDG					1.02
1.03 00103	NEW CAP REL COSTS-PFD					1.03
1.04 00104	NEW CAP REL COSTS-CHIP					1.04
1.05 00105	NEW CAP REL COSTS-POB I					1.05
1.06 00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07 00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	53,435	53,435			4.00
5.01 00510	ADMINITTING	102,408	1,167	103,575		5.01
5.02 00511	CASHIERING	199	0	0	199	5.02
5.03 00512	MENTAL HEALTH ADMINISTRATION	4,418	148	0	0	4,566
5.04 00560	ADMINISTRATIVE AND GENERAL	8,470,639	2,956	0	0	0
7.00 00700	OPERATION OF PLANT	771,752	1,292	0	0	0
7.01 00701	OPERATION OF PLANT- POB I	0	1	0	0	0
7.02 00702	OPERATION OF PLANT NW	33,616	147	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	74,324	0	0	0	0
9.00 00900	HOUSEKEEPING	63,648	898	0	0	0
9.01 00901	HOUSEKEEPING-POB I	282	70	0	0	0
9.02 00902	HOUSEKEEPING NW	13,526	118	0	0	0
10.00 01000	DIETARY	102,022	0	0	0	0
11.00 01100	CAFETERIA	76,070	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,755,806	1,425	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	106,599	253	0	0	0
15.00 01500	PHARMACY	428,733	1,890	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	85,350	2,052	0	0	0
17.00 01700	SOCIAL SERVICE	3,202	435	0	0	0
17.01 01850	RESEARCH ADMIN	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	0	21	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,674,588	10,155	8,814	0	2,614
31.00 03100	INTENSIVE CARE UNIT	294,057	2,804	2,090	0	0
32.00 03200	CORONARY CARE UNIT	169,630	1,681	1,523	0	0
40.00 04000	SUBPROVIDER - I PF	118,429	721	439	0	1,952
41.00 04100	SUBPROVIDER - I RF	95,016	567	431	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,875,826	2,989	5,086	0	0
51.00 05100	RECOVERY ROOM	100,618	326	675	0	0
53.00 05300	ANESTHESIOLOGY	135,688	0	1,071	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	633,131	2,554	9,055	0	0
57.00 05700	CT SCAN	131,157	457	7,757	0	0
59.00 05900	CARDIAC CATHETERIZATION	721,791	578	3,173	0	0
60.00 06000	LABORATORY	252,255	2,863	14,562	199	0
60.01 06001	G. I. LAB	118,262	390	944	0	0
60.02 06002	VASCULAR LAB	3,603	150	657	0	0
60.03 06003	LABORATORY-PATHOLOGY	125,464	303	657	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,365	230	1,097	0	0
65.00 06500	RESPIRATORY THERAPY	176,074	1,918	3,038	0	0
66.00 06600	PHYSICAL THERAPY	102,782	1,029	1,364	0	0
67.00 06700	OCCUPATIONAL THERAPY	30,405	496	612	0	0
68.00 06800	SPEECH PATHOLOGY	22,469	161	164	0	0
69.00 06900	ELECTROCARDIOLOGY	82,091	418	3,634	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	81,517	193	597	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,050	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,774	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	10,116	0	0
74.00 07400	RENAL DIALYSIS	30,384	0	585	0	0
76.00 03020	SHOCK THERAPY	0	56	19	0	0
76.01 03021	PAIN MANAGEMENT & OP CHEMO	32,407	646	584	0	0
76.02 03022	DIABETES CARE CENTER	9,843	189	17	0	0
76.03 03023	OP PSYCH	18,008	301	415	0	0
76.04 03024	CARDIAC REHAB	35,750	73	50	0	0
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	84	239	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	660,347	4,719	13,611	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	484,327	2,785	2,675	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,363,313	52,709	103,575	199	4,566

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE	CASHIERING	MENTAL HEALTH ADMINISTRATION		
		2A	4.00	5.01	5.02	5.03		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,909	42	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	1,233	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	42,138	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	858	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	56	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	171,347	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	11,899	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	3,245	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	1,026	346	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	11,193	145	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,544	167	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	146,825	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	115,707	26	0	0	0	192.01
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)	20,889,293	53,435	103,575	199	4,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am		
Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
			5.04	7.00	7.01	7.02	8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	NEW CAP REL COSTS-CHIP					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	ADMINISTRATIVE					5.01
5.02	00511	CASHIERING					5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	8,473,595				5.04
7.00	00700	OPERATION OF PLANT	319,586	1,092,630			7.00
7.01	00701	OPERATION OF PLANT- POB I	150	0	151		7.01
7.02	00702	OPERATION OF PLANT NW	31,513	0	0	65,276	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	51,981	12,674	0	908	139,887
9.00	00900	HOUSEKEEPING	133,887	16,010	0	0	0
9.01	00901	HOUSEKEEPING-POB I	8,728	0	0	0	0
9.02	00902	HOUSEKEEPING NW	18,170	0	0	1,241	0
10.00	01000	DIETARY	182,097	29,486	0	0	0
11.00	01100	CAFETERIA	7,993	26,005	0	2,239	0
13.00	01300	NURSING ADMINISTRATION	150,217	3,223	1	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	33,709	13,942	0	0	1,075
15.00	01500	PHARMACY	214,013	7,785	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	277,598	12,237	3	1,176	0
17.00	01700	SOCIAL SERVICE	42,216	0	0	0	0
17.01	01850	RESEARCH ADMIN	185	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,764	0	0	0	0
23.00	02300	PARAMED PRGM	1,738	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,103,470	309,454	0	0	66,704
31.00	03100	INTENSIVE CARE UNIT	300,926	23,823	0	0	8,364
32.00	03200	CORONARY CARE UNIT	175,593	19,418	0	0	6,273
40.00	04000	SUBPROVIDER - IPF	81,934	20,967	0	0	1,579
41.00	04100	SUBPROVIDER - IRF	61,893	18,153	0	0	4,180
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	510,338	140,899	0	0	9,739
51.00	05100	RECOVERY ROOM	38,778	6,909	0	0	0
53.00	05300	ANESTHESIOLOGY	19,785	1,111	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	344,240	110,128	13	13,630	5,368
57.00	05700	CT SCAN	71,204	4,662	0	0	2,483
59.00	05900	CARDIAC CATHETERIZATION	109,521	18,720	0	0	1,845
60.00	06000	LABORATORY	485,199	54,249	1	1,999	0
60.01	06001	G. I. LAB	66,200	14,574	0	0	1,565
60.02	06002	VASCULAR LAB	15,560	4,163	0	0	184
60.03	06003	LABORATORY-PATHOLOGY	48,490	3,627	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	112,375	3,933	0	0	0
65.00	06500	RESPIRATORY THERAPY	224,815	6,629	0	5,268	2
66.00	06600	PHYSICAL THERAPY	105,039	9,179	0	0	332
67.00	06700	OCCUPATIONAL THERAPY	49,059	5,058	0	0	0
68.00	06800	SPEECH PATHOLOGY	16,470	3,448	0	0	0
69.00	06900	ELECTROCARDIOLOGY	51,046	8,646	0	0	171
70.00	07000	ELECTROENCEPHALOGRAPHY	23,902	4,769	0	5,478	107
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	391,610	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	436,823	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	653,440	0	0	0	0
74.00	07400	RENAL DIALYSIS	64,539	3,798	0	0	0
76.00	03020	SHOCK THERAPY	5,522	0	0	0	0
76.01	03021	PAIN MANAGEMENT & OP CHEMO	72,141	850	2	0	189
76.02	03022	DIABETES CARE CENTER	24,340	0	4	0	0
76.03	03023	OP PSYCH	31,952	0	0	0	0
76.04	03024	CARDIAC REHAB	9,199	6,304	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	19,325	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	527,120	63,731	0	29,470	25,955
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	340,982	2,365	0	0	3,772
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,070,375	990,929	24	61,409	139,887

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

Period:
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To 12/31/2013

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Cost Center Description		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
		5.04	7.00	7.01	7.02	8.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,666	3,535	0	0	0
190.01	19001	VISITOR MEALS	0	0	0	0	0
190.02	19002	NON REIMBURSABLE B BLDG	54	13,395	0	0	0
190.03	19003	NON REIMB NW BUILDING	1,834	0	0	3,867	0
190.04	19004	NON REIMBURSABLE CHIP	37	29,543	0	0	0
190.05	19005	NON REIMBURSABLE PFD	2	8,360	0	0	0
190.06	19006	NON REIMBURSABLE HOSPITAL	7,459	33,818	0	0	0
190.07	19007	NON REIMBURSABLE POB I	518	0	10	0	0
190.08	19008	MEALS ON WHEELS	0	0	0	0	0
190.09	19009	CATERING	6,111	435	0	0	0
190.10	19010	RETAIL PHARMACY	265,079	0	0	0	0
190.11	19011	PUBLIC RELATIONS	58,463	0	0	0	0
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	26,884	6,194	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,392	6,421	117	0	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	8,721	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	8,473,595	1,092,630	151	65,276	139,887

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am	
Cost Center Description			HOUSEKEEPING	HOUSEKEEPING-POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
			9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMINISTRATIVE						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	214,443					9.00
9.01	00901	HOUSEKEEPING-POB I	0	9,080				9.01
9.02	00902	HOUSEKEEPING NW	0	0	33,055			9.02
10.00	01000	DIETARY	6,080	0	0	319,685		10.00
11.00	01100	CAFETERIA	5,363	0	1,173	212,691	331,534	11.00
13.00	01300	NURSING ADMINISTRATION	665	50	0	0	6,634	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,875	0	0	0	2,179	14.00
15.00	01500	PHARMACY	1,605	0	0	0	7,714	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,523	186	616	0	14,525	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,434	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	294	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,816	0	0	71,722	70,995	30.00
31.00	03100	INTENSIVE CARE UNIT	4,913	0	0	8,687	13,955	31.00
32.00	03200	CORONARY CARE UNIT	4,004	0	0	6,448	10,265	32.00
40.00	04000	SUBPROVIDER - IPF	4,324	0	0	4,927	4,416	40.00
41.00	04100	SUBPROVIDER - IRF	3,743	0	0	4,689	3,573	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,055	0	0	0	14,583	50.00
51.00	05100	RECOVERY ROOM	1,425	0	0	0	1,648	51.00
53.00	05300	ANESTHESIOLOGY	229	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,710	794	7,137	0	13,307	54.00
57.00	05700	CT SCAN	961	0	0	0	2,473	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,860	0	0	0	2,689	59.00
60.00	06000	LABORATORY	11,187	41	1,047	0	20,688	60.00
60.01	06001	G.I. LAB	3,005	0	0	0	2,120	60.01
60.02	06002	VASCULAR LAB	858	0	0	0	707	60.02
60.03	06003	LABORATORY-PATHOLOGY	748	0	0	0	2,297	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	811	0	0	0	1,472	63.00
65.00	06500	RESPIRATORY THERAPY	1,367	0	2,758	0	10,579	65.00
66.00	06600	PHYSICAL THERAPY	1,893	0	0	0	6,203	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,043	0	0	0	3,140	67.00
68.00	06800	SPEECH PATHOLOGY	711	0	0	0	824	68.00
69.00	06900	ELECTROCARDIOLOGY	1,783	0	0	0	2,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	983	0	2,869	0	1,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	783	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	235	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	175	129	0	0	4,475	76.01
76.02	03022	DIABETES CARE CENTER	0	223	0	0	1,178	76.02
76.03	03023	OP PSYCH	0	0	0	0	2,061	76.03
76.04	03024	CARDIAC REHAB	1,300	0	0	0	354	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	549	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,142	0	15,430	0	27,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	488	0	0	0	22,257	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	198,428	1,423	31,030	309,164	281,932	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA		
		9.00	9.01	9.02	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	729	0	0	0	471	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	45,735	190.01
190.02	19002	NON REIMBURSABLE B BLDG	2,762	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	2,025	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	6,092	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	1,724	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	2,017	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	574	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	10,521	0	190.08
190.09	19009	CATERING	90	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	1,688	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	746	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	1,277	0	0	0	589	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,324	7,083	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	373	192.01
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)	214,443	9,080	33,055	319,685	331,534	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMINISTRATION						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,918,021					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	160,632				14.00
15.00	01500	PHARMACY	0	0	661,740			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	396,266		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	48,287	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,109,606	0	201	33,788	27,649	30.00
31.00	03100	INTENSIVE CARE UNIT	217,923	0	14	8,011	0	31.00
32.00	03200	CORONARY CARE UNIT	160,784	0	6	5,838	0	32.00
40.00	04000	SUBPROVIDER - I PF	69,051	0	1	1,682	20,638	40.00
41.00	04100	SUBPROVIDER - I RF	56,099	0	3	1,653	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	208,620	0	1,968	19,496	0	50.00
51.00	05100	RECOVERY ROOM	25,904	0	2	2,587	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	759	4,106	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2	34,711	0	54.00
57.00	05700	CT SCAN	0	0	0	29,735	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2	12,161	0	59.00
60.00	06000	LABORATORY	0	0	1	55,047	0	60.00
60.01	06001	G. I. LAB	0	0	302	3,618	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	2,520	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,519	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,205	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	57	11,645	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,229	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,344	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	629	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,929	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,290	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,441	0	15,526	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	89,191	0	14,468	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	655,740	38,777	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	2,243	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	72	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	70,034	0	91	2,238	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	65	0	76.02
76.03	03023	OP PSYCH	0	0	0	1,591	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	193	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	918	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	99	52,177	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	2,491	10,255	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,918,021	160,632	661,740	396,266	48,287	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATIVE	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,918,021	160,632	661,740	396,266	48,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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Cost Center Description	RESEARCH ADMIN	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES				
	17.01	21.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-WHSE						1.01
1.02 00102 NEW CAP REL COSTS-B BLDG						1.02
1.03 00103 NEW CAP REL COSTS-PFD						1.03
1.04 00104 NEW CAP REL COSTS-CHIP						1.04
1.05 00105 NEW CAP REL COSTS-POB I						1.05
1.06 00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 ADMIN TTING						5.01
5.02 00511 CASHIERING						5.02
5.03 00512 MENTAL HEALTH ADMINISTRATION						5.03
5.04 00560 ADMINISTRATIVE AND GENERAL						5.04
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT- POB I						7.01
7.02 00702 OPERATION OF PLANT NW						7.02
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-POB I						9.01
9.02 00902 HOUSEKEEPING NW						9.02
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01850 RESEARCH ADMIN	185					17.01
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	3,764				21.00
23.00 02300 PARAMED PRGM	0		2,053			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0			4,553,576	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0			885,567	0	31.00
32.00 03200 CORONARY CARE UNIT	0			561,463	0	32.00
40.00 04000 SUBPROVIDER - IPF	0			331,060	0	40.00
41.00 04100 SUBPROVIDER - I RF	0			250,000	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0			2,818,599	0	50.00
51.00 05100 RECOVERY ROOM	0			178,872	0	51.00
53.00 05300 ANESTHESIOLOGY	0			162,749	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0			1,196,780	0	54.00
57.00 05700 CT SCAN	0			250,889	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0			874,340	0	59.00
60.00 06000 LABORATORY	0			899,338	0	60.00
60.01 06001 G. I. LAB	0			210,980	0	60.01
60.02 06002 VASCULAR LAB	0			28,402	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0			184,105	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0			125,488	0	63.00
65.00 06500 RESPIRATORY THERAPY	0			444,150	0	65.00
66.00 06600 PHYSICAL THERAPY	0			233,050	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0			92,157	0	67.00
68.00 06800 SPEECH PATHOLOGY	0			44,876	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0			164,073	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0			124,039	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			482,627	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0			544,256	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0			1,358,073	0	73.00
74.00 07400 RENAL DIALYSIS	0			102,333	0	74.00
76.00 03020 SHOCK THERAPY	0			5,904	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0			183,961	0	76.01
76.02 03022 DIABETES CARE CENTER	0			35,859	0	76.02
76.03 03023 OP PSYCH	0			54,328	0	76.03
76.04 03024 CARDIAC REHAB	0			53,223	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0			21,115	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0			1,433,221	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	RESEARCH ADMIN	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES					
	17.01	21.00	23.00	24.00	25.00		
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		872,397	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	19,761,850	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		44,352	0	190.00
190.01	19001	VISITOR MEALS	0		45,735	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0		17,444	0	190.02
190.03	19003	NON REIMB NW BUILDING	0		49,864	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0		36,530	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0		10,142	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0		214,641	0	190.06
190.07	19007	NON REIMBURSABLE POBI	0		13,001	0	190.07
190.08	19008	MEALS ON WHEELS	0		10,521	0	190.08
190.09	19009	CATERING	0		9,881	0	190.09
190.10	19010	RETAIL PHARMACY	0		268,139	0	190.10
190.11	19011	PUBLIC RELATIONS	0		70,547	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0		37,655	0	190.12
191.00	19100	RESEARCH	185		185	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		168,162	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0		124,827	0	192.01
200.00		Cross Foot Adjustments		3,764	2,053	5,817	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	185	3,764	2,053	20,889,293	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-WHSE		1.01
1.02	00102 NEW CAP REL COSTS-B BLDG		1.02
1.03	00103 NEW CAP REL COSTS-PFD		1.03
1.04	00104 NEW CAP REL COSTS-CHIP		1.04
1.05	00105 NEW CAP REL COSTS-POB I		1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 ADMITTING		5.01
5.02	00511 CASHIERING		5.02
5.03	00512 MENTAL HEALTH ADMINISTRATION		5.03
5.04	00560 ADMINISTRATIVE AND GENERAL		5.04
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OPERATION OF PLANT- POB I		7.01
7.02	00702 OPERATION OF PLANT NW		7.02
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-POB I		9.01
9.02	00902 HOUSEKEEPING NW		9.02
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
17.01	01850 RESEARCH ADMIN		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,553,576	30.00
31.00	03100 INTENSIVE CARE UNIT	885,567	31.00
32.00	03200 CORONARY CARE UNIT	561,463	32.00
40.00	04000 SUBPROVIDER - I PF	331,060	40.00
41.00	04100 SUBPROVIDER - I RF	250,000	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,818,599	50.00
51.00	05100 RECOVERY ROOM	178,872	51.00
53.00	05300 ANESTHESIOLOGY	162,749	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,196,780	54.00
57.00	05700 CT SCAN	250,889	57.00
59.00	05900 CARDIAC CATHETERIZATION	874,340	59.00
60.00	06000 LABORATORY	899,338	60.00
60.01	06001 G.I. LAB	210,980	60.01
60.02	06002 VASCULAR LAB	28,402	60.02
60.03	06003 LABORATORY-PATHOLOGY	184,105	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	125,488	63.00
65.00	06500 RESPIRATORY THERAPY	444,150	65.00
66.00	06600 PHYSICAL THERAPY	233,050	66.00
67.00	06700 OCCUPATIONAL THERAPY	92,157	67.00
68.00	06800 SPEECH PATHOLOGY	44,876	68.00
69.00	06900 ELECTROCARDIOLOGY	164,073	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	124,039	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	482,627	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	544,256	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,358,073	73.00
74.00	07400 RENAL DIALYSIS	102,333	74.00
76.00	03020 SHOCK THERAPY	5,904	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	183,961	76.01
76.02	03022 DIABETES CARE CENTER	35,859	76.02
76.03	03023 OP PSYCH	54,328	76.03
76.04	03024 CARDIAC REHAB	53,223	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	21,115	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	1,433,221	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	872,397	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,761,850	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,352	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			Total	
			26.00	
190.01	19001	VISITOR MEALS	45,735	190.01
190.02	19002	NON REIMBURSABLE B BLDG	17,444	190.02
190.03	19003	NON REIMB NW BUILDING	49,864	190.03
190.04	19004	NON REIMBURSABLE CHIP	36,530	190.04
190.05	19005	NON REIMBURSABLE PFD	10,142	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	214,641	190.06
190.07	19007	NON REIMBURSABLE POB I	13,001	190.07
190.08	19008	MEALS ON WHEELS	10,521	190.08
190.09	19009	CATERING	9,881	190.09
190.10	19010	RETAIL PHARMACY	268,139	190.10
190.11	19011	PUBLIC RELATIONS	70,547	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	37,655	190.12
191.00	19100	RESEARCH	185	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	168,162	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	124,827	192.01
200.00		Cross Foot Adjustments	5,817	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	20,889,293	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW CHIP (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	367,344					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.04	00104	NEW CAP REL COSTS-CHIP	0	0	0	0	55,743	1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	0	4.00
5.01	00510	ADMINISTRATIVE	3,675	0	0	1,620	0	5.01
5.02	00511	CASHIERING	0	0	180	8,177	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	540	0	0	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	34,170	11,091	6,178	47,315	1,136	5.04
7.00	00700	OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,348	0	395	391	573	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,248	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	7,474	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,471	0	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,730	0	562	0	31,965	54.00
57.00	05700	CT SCAN	0	0	0	0	1,662	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,686	0	0	60.00
60.01	06001	G. I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,293	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,402	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	303	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	NEW CHIP (SQUARE FEET)		
		1.00	1.01	1.02	1.03	1.04		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	353,672	19,654	58,325	77,065	45,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	10,531	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	2,980	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	155	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,221,338	5,482	16,292	1,574	4,542	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.213756	0.278925	0.258193	0.018663	0.081481	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.05	1.06	1.07	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I	78,926				1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	40,600			1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	52,911		1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				10,129,187	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,131	0	0	5,955	90,556,387	4.00
5.01	00510	ADMINISTRATIVE	0	0	1,440	2,072	1,977,858	5.01
5.02	00511	CASHIERING	0	0	0	0	0	5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	0	0	251,664	5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	11,870	1,886	10,547	6,294,924	5,009,560	5.04
7.00	00700	OPERATION OF PLANT	6,203	187	0	41,152	2,190,667	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	2,401	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	1,221	4,542	249,631	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	552	217	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,690	1,522,385	9.00
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	118,497	9.01
9.02	00902	HOUSEKEEPING NW	0	0	755	0	200,210	9.02
10.00	01000	DIETARY	0	0	0	32,686	0	10.00
11.00	01100	CAFETERIA	0	0	1,362	4,284	0	11.00
13.00	01300	NURSING ADMINISTRATION	322	0	0	155,933	2,414,786	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	35,939	429,552	14.00
15.00	01500	PHARMACY	0	0	0	30,622	3,204,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	0	715	1,389	3,477,120	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	738,055	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	35,971	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	75,714	17,195,839	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	178,629	4,752,532	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	70,573	2,848,543	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,219	1,222,016	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,501	960,791	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	830,656	5,066,404	50.00
51.00	05100	RECOVERY ROOM	0	0	0	65,578	553,359	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	129,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	0	8,290	358,336	4,328,033	54.00
57.00	05700	CT SCAN	0	0	0	130,958	774,306	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	623,852	979,572	59.00
60.00	06000	LABORATORY	266	0	1,216	135,901	4,853,050	60.00
60.01	06001	G.I. LAB	0	0	0	92,481	661,478	60.01
60.02	06002	VASCULAR LAB	0	0	0	3,218	253,593	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	38,198	512,716	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,003	388,990	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,204	82,848	3,250,095	65.00
66.00	06600	PHYSICAL THERAPY	0	9,056	0	3,255	1,744,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,105	0	76	840,151	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,175	0	0	273,688	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	75,738	708,079	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,332	17,511	327,705	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	10,416	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	95,156	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	830	0	0	15,456	1,095,637	76.01
76.02	03022	DIABETES CARE CENTER	1,438	0	0	923	320,302	76.02
76.03	03023	OP PSYCH	0	0	0	12,707	509,784	76.03
76.04	03024	CARDIAC REHAB	0	0	0	3,426	124,475	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	142,343	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	17,925	71,272	7,997,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)			
	NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.05	1.06	1.07	2.00				
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	477,974	4,720,086	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,478	13,409	50,559	10,125,819	89,323,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	71,988	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	3,707	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	3,240	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	128	587,095	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	246,581	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	283,668	190.12
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	27,191	0	0	43,294	192.01
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)	253,346	172,767	947,937	10,134,140	4,151,025	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.209918	4.255345	17.915689	1.000489	0.045839	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					53,435	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000590	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMITTING	906,019,789					5.01
5.02	00511	CASHIERING	0	906,019,789				5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION	0	0	8,593			5.03
5.04	00560	ADMINISTRATIVE AND GENERAL	0	0	0	-52,181,565	194,648,595	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	0	7,341,235	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	3,437	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	723,896	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,194,057	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	3,075,536	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	200,492	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	417,395	9.02
10.00	01000	DIETARY	0	0	0	0	4,182,966	10.00
11.00	01100	CAFETERIA	0	0	0	0	183,608	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,450,642	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	774,323	14.00
15.00	01500	PHARMACY	0	0	0	0	4,916,120	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	6,376,735	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	969,754	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	4,258	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	86,454	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	39,919	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,318,719	77,318,719	4,920	0	25,348,826	30.00
31.00	03100	INTENSIVE CARE UNIT	18,332,555	18,332,555	0	0	6,912,585	31.00
32.00	03200	CORONARY CARE UNIT	13,360,374	13,360,374	0	0	4,033,569	32.00
40.00	04000	SUBPROVIDER - I PF	3,849,273	3,849,273	3,673	0	1,882,102	40.00
41.00	04100	SUBPROVIDER - I RF	3,781,820	3,781,820	0	0	1,421,742	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,613,488	44,613,488	0	0	11,723,004	50.00
51.00	05100	RECOVERY ROOM	5,920,899	5,920,899	0	0	890,764	51.00
53.00	05300	ANESTHESIOLOGY	9,395,687	9,395,687	0	0	454,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,429,312	79,429,312	0	0	7,907,574	54.00
57.00	05700	CT SCAN	68,044,051	68,044,051	0	0	1,635,630	57.00
59.00	05900	CARDIAC CATHETERIZATION	27,829,366	27,829,366	0	0	2,515,813	59.00
60.00	06000	LABORATORY	125,189,599	125,189,599	0	0	11,145,545	60.00
60.01	06001	G. I. LAB	8,278,758	8,278,758	0	0	1,520,683	60.01
60.02	06002	VASCULAR LAB	5,765,994	5,765,994	0	0	357,437	60.02
60.03	06003	LABORATORY-PATHOLOGY	5,764,754	5,764,754	0	0	1,113,858	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,621,788	9,621,788	0	0	2,581,384	63.00
65.00	06500	RESPIRATORY THERAPY	26,648,348	26,648,348	0	0	5,164,232	65.00
66.00	06600	PHYSICAL THERAPY	11,966,157	11,966,157	0	0	2,412,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,364,571	5,364,571	0	0	1,126,946	67.00
68.00	06800	SPEECH PATHOLOGY	1,439,861	1,439,861	0	0	378,342	68.00
69.00	06900	ELECTROCARDIOLOGY	31,874,538	31,874,538	0	0	1,172,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,240,937	5,240,937	0	0	549,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,529,167	35,529,167	0	0	8,995,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,108,000	33,108,000	0	0	10,034,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,735,401	88,735,401	0	0	15,010,223	73.00
74.00	07400	RENAL DIALYSIS	5,133,710	5,133,710	0	0	1,482,531	74.00
76.00	03020	SHOCK THERAPY	163,965	163,965	0	0	126,836	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	5,120,517	5,120,517	0	0	1,657,150	76.01
76.02	03022	DIABETES CARE CENTER	148,533	148,533	0	0	559,122	76.02
76.03	03023	OP PSYCH	3,641,475	3,641,475	0	0	733,981	76.03
76.04	03024	CARDIAC REHAB	442,723	442,723	0	0	211,307	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,100,506	2,100,506	0	0	443,917	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	119,397,859	119,397,859	0	0	12,108,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	23,467,084	23,467,084	0	0	7,832,732	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		ADMINISTRATIVE (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIENT DAYS)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	906,019,789	906,019,789	8,593	-52,181,565	185,386,157	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	497,684	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	42,138	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	858	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	56	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	171,347	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	11,899	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	140,380	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	6,089,151	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	1,342,962	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	617,564	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	146,825	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	200,341	192.01
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)	2,831,053	57,046	333,321		52,181,565	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003125	0.000063	38.789829		0.268081	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	103,575	199	4,566		8,473,595	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000114	0.000000	0.531363		0.043533	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		7.00	7.01	7.02	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	NEW CAP REL COSTS-CHIP					1.04	
1.05	00105	NEW CAP REL COSTS-POB I					1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	ADMINISTRATIVE					5.01	
5.02	00511	CASHIERING					5.02	
5.03	00512	MENTAL HEALTH ADMINISTRATION					5.03	
5.04	00560	ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT	389,488				7.00	
7.01	00701	OPERATION OF PLANT- POB I	0	58,722			7.01	
7.02	00702	OPERATION OF PLANT NW	0	0	39,703		7.02	
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	552	1,911,205	8.00	
9.00	00900	HOUSEKEEPING	5,707	0	0	0	370,695	9.00
9.01	00901	HOUSEKEEPING-POB I	0	88	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	755	0	0	9.02
10.00	01000	DIETARY	10,511	0	0	0	10,511	10.00
11.00	01100	CAFETERIA	9,270	0	1,362	0	9,270	11.00
13.00	01300	NURSING ADMINISTRATION	1,149	322	0	0	1,149	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	14,694	4,970	14.00
15.00	01500	PHARMACY	2,775	0	0	0	2,775	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	4,362	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,311	0	0	911,330	110,311	30.00
31.00	03100	INTENSIVE CARE UNIT	8,492	0	0	114,269	8,492	31.00
32.00	03200	CORONARY CARE UNIT	6,922	0	0	85,702	6,922	32.00
40.00	04000	SUBPROVIDER - IPF	7,474	0	0	21,574	7,474	40.00
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	57,105	6,471	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,226	0	0	133,061	50,226	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	2,463	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,257	5,130	8,290	73,347	39,257	54.00
57.00	05700	CT SCAN	1,662	0	0	33,923	1,662	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	25,207	6,673	59.00
60.00	06000	LABORATORY	19,338	266	1,216	0	19,338	60.00
60.01	06001	G.I. LAB	5,195	0	0	21,388	5,195	60.01
60.02	06002	VASCULAR LAB	1,484	0	0	2,510	1,484	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,293	0	0	0	1,293	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,402	0	0	0	1,402	63.00
65.00	06500	RESPIRATORY THERAPY	2,363	0	3,204	22	2,363	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	4,541	3,272	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	1,803	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	1,229	68.00
69.00	06900	ELECTROCARDIOLOGY	3,082	0	0	2,337	3,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,700	0	3,332	1,458	1,700	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	1,354	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	303	830	0	2,589	303	76.01
76.02	03022	DIABETES CARE CENTER	0	1,438	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	2,247	0	0	0	2,247	76.04
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,718	0	17,925	354,614	22,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	843	0	0	51,534	843	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		7.00	7.01	7.02	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,235	9,274	37,351	1,911,205	343,010	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	1,260	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	4,775	0	0	0	4,775	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	10,531	190.04
190.05	19005 NON REIMBURSABLE PFD	2,980	0	0	0	2,980	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	3,487	190.06
190.07	19007 NON REIMBURSABLE POB I	0	3,707	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	155	0	0	0	155	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	2,208	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,289	45,741	0	0	2,289	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	9,309,281	4,358	917,959	1,634,910	4,036,434	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.901329	0.074214	23.120646	0.855434	10.888828	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,092,630	151	65,276	139,887	214,443	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.805298	0.002571	1.644107	0.073193	0.578489	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			HOUSEKEEPING-POB I (SQARE FEET)	HOUSEKEEPING NW (SQARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
			9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMINISTRATION						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I	58,634					9.01
9.02	00902	HOUSEKEEPING NW	0	38,396				9.02
10.00	01000	DIETARY	0	0	751,490			10.00
11.00	01100	CAFETERIA	0	1,362	499,978	425,578		11.00
13.00	01300	NURSING ADMINISTRATION	322	0	0	8,516	1,301,406	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,797	0	14.00
15.00	01500	PHARMACY	0	0	0	9,902	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	715	0	18,645	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,124	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	378	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	168,597	91,131	752,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	20,421	17,914	147,864	31.00
32.00	03200	CORONARY CARE UNIT	0	0	15,158	13,177	109,094	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	11,581	5,669	46,852	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	11,022	4,586	38,064	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	18,720	141,552	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,116	17,576	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,130	8,290	0	17,082	0	54.00
57.00	05700	CT SCAN	0	0	0	3,175	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,452	0	59.00
60.00	06000	LABORATORY	266	1,216	0	26,556	0	60.00
60.01	06001	G.I. LAB	0	0	0	2,721	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	907	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	2,948	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,890	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,204	0	13,580	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,962	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,031	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,058	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,023	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,332	0	1,713	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	302	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	830	0	0	5,745	47,519	76.01
76.02	03022	DIABETES CARE CENTER	1,438	0	0	1,512	0	76.02
76.03	03023	OP PSYCH	0	0	0	2,646	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	454	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	705	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	17,925	0	35,198	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	28,571	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		HOUSEKEEPING-POB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		9.01	9.02	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,186	36,044	726,757	361,906	1,301,406	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	605	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	58,708	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	3,707	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	24,733	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	2,167	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	957	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	756	0	190.12
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	479	0	192.01
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)	254,247	546,747	5,670,019	4,378,571	4,504,705	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.336170	14.239686	7.545036	10.288528	3.461414	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,080	33,055	319,685	331,534	1,918,021	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.154859	0.860897	0.425402	0.779021	1.473807	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	
			14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	NEW CAP REL COSTS-CHIP						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	ADMITTING						5.01
5.02	00511	CASHIERING						5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00560	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,880,731					14.00
15.00	01500	PHARMACY	0	14,862,081				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	906,019,789			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000		17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	100	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,522	77,318,719	5,726	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	310	18,332,555	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	129	13,360,374	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	33	3,849,273	4,274	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	61	3,781,820	0	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	44,205	44,613,488	0	0	50.00
51.00	05100	RECOVERY ROOM	0	35	5,920,899	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	17,049	9,395,687	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34	79,429,312	0	0	54.00
57.00	05700	CT SCAN	0	0	68,044,051	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	48	27,829,366	0	0	59.00
60.00	06000	LABORATORY	0	18	125,189,599	0	0	60.00
60.01	06001	G.I. LAB	0	6,777	8,278,758	0	0	60.01
60.02	06002	VASCULAR LAB	0	4	5,765,994	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	5,764,754	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,621,788	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,280	26,648,348	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	11,966,157	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,364,571	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,439,861	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	31,874,538	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,240,937	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,951,990	0	35,529,167	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,928,741	0	33,108,000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,727,335	88,735,401	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	27	5,133,710	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	163,965	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	2,043	5,120,517	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	148,533	0	0	76.02
76.03	03023	OP PSYCH	0	0	3,641,475	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	442,723	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,100,506	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	2,214	119,397,859	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	55,957	23,467,084	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	RESEARCH ADMIN (TIME SPENT)	
		14.00	15.00	16.00	17.00	17.01	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,880,731	14,862,081	906,019,789	10,000	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
191.00	19100 RESEARCH	0	0	0	0	100	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	1,196,158	6,432,457	8,461,805	1,261,868	5,399	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.066896	0.432810	0.009340	126.186800	53.990000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	160,632	661,740	396,266	48,287	185	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008984	0.044525	0.000437	4.828700	1.850000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
		21.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-WHSE		1.01
1.02	00102	NEW CAP REL COSTS-B BLDG		1.02
1.03	00103	NEW CAP REL COSTS-PFD		1.03
1.04	00104	NEW CAP REL COSTS-CHIP		1.04
1.05	00105	NEW CAP REL COSTS-POB I		1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	ADMINISTRATION		5.01
5.02	00511	CASHIERING		5.02
5.03	00512	MENTAL HEALTH ADMINISTRATION		5.03
5.04	00560	ADMINISTRATIVE AND GENERAL		5.04
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT- POB I		7.01
7.02	00702	OPERATION OF PLANT NW		7.02
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-POB I		9.01
9.02	00902	HOUSEKEEPING NW		9.02
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01850	RESEARCH ADMIN		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	100	21.00
23.00	02300	PARAMED PRGM		23.00
			75,569	
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
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
56.00	05600	ADULTS & PEDIATRICS	0	56.00
57.00	05700	INTENSIVE CARE UNIT	0	57.00
58.00	05800	CORONARY CARE UNIT	0	58.00
59.00	05900	SUBPROVIDER - I PF	0	59.00
60.00	06000	SUBPROVIDER - I RF	0	60.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	100	50.00
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	G.I. LAB	0	60.01
60.02	06002	VASCULAR LAB	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	SHOCK THERAPY	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	76.01
76.02	03022	DIABETES CARE CENTER	0	76.02
76.03	03023	OP PSYCH	0	76.03
76.04	03024	CARDIAC REHAB	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (PATIENT DAYS)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	21.00		
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	75,569
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 VISITOR MEALS	0	0	190.01
190.02 19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03 19003 NON REIMB NW BUILDING	0	0	190.03
190.04 19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05 19005 NON REIMBURSABLE PFD	0	0	190.05
190.06 19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07 19007 NON REIMBURSABLE POB I	0	0	190.07
190.08 19008 MEALS ON WHEELS	0	0	190.08
190.09 19009 CATERING	0	0	190.09
190.10 19010 RETAIL PHARMACY	0	0	190.10
190.11 19011 PUBLIC RELATIONS	0	0	190.11
190.12 19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	190.12
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	192.01
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)	109,631	54,510
203.00	Unit cost multiplier (Wkst. B, Part I)	1,096.310000	0.721328
204.00	Cost to be allocated (per Wkst. B, Part II)	3,764	2,053
205.00	Unit cost multiplier (Wkst. B, Part II)	37.640000	0.027167

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,064,569	2,914	43,067,483	30.00
31.00	03100 INTENSIVE CARE UNIT		10,185,380	0	10,185,380	31.00
32.00	03200 CORONARY CARE UNIT		6,185,065	0	6,185,065	32.00
40.00	04000 SUBPROVIDER - I PF		3,550,951	0	3,550,951	40.00
41.00	04100 SUBPROVIDER - I RF		2,377,092	992	2,378,084	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,845,307	58,000	17,903,307	50.00
51.00	05100 RECOVERY ROOM		1,353,174	0	1,353,174	51.00
53.00	05300 ANESTHESIOLOGY		685,247	14,207	699,454	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,705,922	22,220	12,728,142	54.00
57.00	05700 CT SCAN		2,829,148	0	2,829,148	57.00
59.00	05900 CARDIAC CATHETERIZATION		3,739,436	0	3,739,436	59.00
60.00	06000 LABORATORY		16,294,911	0	16,294,911	60.00
60.01	06001 G.I. LAB		2,235,631	1,503	2,237,134	60.01
60.02	06002 VASCULAR LAB		570,223	0	570,223	60.02
60.03	06003 LABORATORY-PATHOLOGY		1,541,619	0	1,541,619	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,431,492	0	3,431,492	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,139,763	562	7,140,325	65.00
66.00	06600 PHYSICAL THERAPY	0	3,371,102	0	3,371,102	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,583,364	0	1,583,364	67.00
68.00	06800 SPEECH PATHOLOGY	0	546,858	0	546,858	68.00
69.00	06900 ELECTROCARDIOLOGY		1,924,962	7,503	1,932,465	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		947,686	0	947,686	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,271,067	0	12,271,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		13,697,723	0	13,697,723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,237,106	0	26,237,106	73.00
74.00	07400 RENAL DIALYSIS		1,975,035	0	1,975,035	74.00
76.00	03020 SHOCK THERAPY		165,476	0	165,476	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO		2,390,118	0	2,390,118	76.01
76.02	03022 DIABETES CARE CENTER		732,297	0	732,297	76.02
76.03	03023 OP PSYCH		991,981	0	991,981	76.03
76.04	03024 CARDIAC REHAB		354,933	0	354,933	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY		589,795	0	589,795	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		18,596,255	0	18,596,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,059,195	0	2,059,195	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		10,543,307	0	10,543,307	95.00
200.00	Subtotal (see instructions)	0	234,713,190	107,901	234,821,091	200.00
201.00	Less Observation Beds		2,059,195		2,059,195	201.00
202.00	Total (see instructions)	0	232,653,995	107,901	232,761,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/21/2014 10:38 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,640,350		74,640,350			30.00
31.00	03100	INTENSIVE CARE UNIT	18,332,555		18,332,555			31.00
32.00	03200	CORONARY CARE UNIT	13,360,374		13,360,374			32.00
40.00	04000	SUBPROVIDER - I PF	3,849,273		3,849,273			40.00
41.00	04100	SUBPROVIDER - I RF	3,781,820		3,781,820			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,025,800	16,172,011	43,197,811	0.413107	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,149,494	3,771,405	5,920,899	0.228542	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,012,923	4,382,764	9,395,687	0.072932	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,363,327	49,065,984	79,429,311	0.159965	0.000000	54.00
57.00	05700	CT SCAN	23,205,449	44,838,602	68,044,051	0.041578	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,906,682	12,922,683	27,829,365	0.134370	0.000000	59.00
60.00	06000	LABORATORY	51,989,465	73,200,134	125,189,599	0.130162	0.000000	60.00
60.01	06001	G.I. LAB	3,296,899	4,981,858	8,278,757	0.270044	0.000000	60.01
60.02	06002	VASCULAR LAB	3,659,735	2,106,259	5,765,994	0.098894	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,475,108	4,289,646	5,764,754	0.267421	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,493,559	1,128,229	9,621,788	0.356638	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,784,751	3,863,597	26,648,348	0.267925	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,864,253	5,101,903	11,966,156	0.281720	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,864,558	500,012	5,364,570	0.295152	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,315,540	124,321	1,439,861	0.379799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,860,172	13,014,367	31,874,539	0.060392	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,046,694	4,194,242	5,240,936	0.180824	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,686,985	18,257,859	36,944,844	0.332146	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,623,595	12,484,405	33,108,000	0.413728	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,089,239	40,646,162	88,735,401	0.295678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,795,999	337,710	5,133,709	0.384719	0.000000	74.00
76.00	03020	SHOCK THERAPY	96,772	67,193	163,965	1.009215	0.000000	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	40,116	5,080,401	5,120,517	0.466773	0.000000	76.01
76.02	03022	DIABETES CARE CENTER	248	148,284	148,532	4.930231	0.000000	76.02
76.03	03023	OP PSYCH	21,053	3,620,422	3,641,475	0.272412	0.000000	76.03
76.04	03024	CARDIAC REHAB	211	442,512	442,723	0.801704	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	14,900	2,085,605	2,100,505	0.280787	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,716,657	98,681,203	119,397,860	0.155750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	467,963	2,210,406	2,678,369	0.768824	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	102,499	23,364,585	23,467,084	0.449281	0.000000	95.00
200.00		Subtotal (see instructions)	454,935,018	451,084,764	906,019,782			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	454,935,018	451,084,764	906,019,782			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.414449		50.00
51.00	05100 RECOVERY ROOM	0.228542		51.00
53.00	05300 ANESTHESIOLOGY	0.074444		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160245		54.00
57.00	05700 CT SCAN	0.041578		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.134370		59.00
60.00	06000 LABORATORY	0.130162		60.00
60.01	06001 G.I. LAB	0.270226		60.01
60.02	06002 VASCULAR LAB	0.098894		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.267421		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.356638		63.00
65.00	06500 RESPIRATORY THERAPY	0.267946		65.00
66.00	06600 PHYSICAL THERAPY	0.281720		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.295152		67.00
68.00	06800 SPEECH PATHOLOGY	0.379799		68.00
69.00	06900 ELECTROCARDIOLOGY	0.060627		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180824		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413728		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295678		73.00
74.00	07400 RENAL DIALYSIS	0.384719		74.00
76.00	03020 SHOCK THERAPY	1.009215		76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.466773		76.01
76.02	03022 DIABETES CARE CENTER	4.930231		76.02
76.03	03023 OP PSYCH	0.272412		76.03
76.04	03024 CARDIAC REHAB	0.801704		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.280787		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.155750		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768824		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.449281		95.00
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: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2014 10:38 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	43,064,569		43,064,569	2,914	43,067,483	30.00
31.00	03100 INTENSIVE CARE UNIT	10,185,380		10,185,380	0	10,185,380	31.00
32.00	03200 CORONARY CARE UNIT	6,185,065		6,185,065	0	6,185,065	32.00
40.00	04000 SUBPROVIDER - I PF	3,550,951		3,550,951	0	3,550,951	40.00
41.00	04100 SUBPROVIDER - I RF	2,377,092		2,377,092	992	2,378,084	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,845,307		17,845,307	58,000	17,903,307	50.00
51.00	05100 RECOVERY ROOM	1,353,174		1,353,174	0	1,353,174	51.00
53.00	05300 ANESTHESIOLOGY	685,247		685,247	14,207	699,454	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,705,922		12,705,922	22,220	12,728,142	54.00
57.00	05700 CT SCAN	2,829,148		2,829,148	0	2,829,148	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,739,436		3,739,436	0	3,739,436	59.00
60.00	06000 LABORATORY	16,294,911		16,294,911	0	16,294,911	60.00
60.01	06001 G.I. LAB	2,235,631		2,235,631	1,503	2,237,134	60.01
60.02	06002 VASCULAR LAB	570,223		570,223	0	570,223	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,541,619		1,541,619	0	1,541,619	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,431,492		3,431,492	0	3,431,492	63.00
65.00	06500 RESPIRATORY THERAPY	7,139,763	0	7,139,763	562	7,140,325	65.00
66.00	06600 PHYSICAL THERAPY	3,371,102	0	3,371,102	0	3,371,102	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,583,364	0	1,583,364	0	1,583,364	67.00
68.00	06800 SPEECH PATHOLOGY	546,858	0	546,858	0	546,858	68.00
69.00	06900 ELECTROCARDIOLOGY	1,924,962		1,924,962	7,503	1,932,465	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	947,686		947,686	0	947,686	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,271,067		12,271,067	0	12,271,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,697,723		13,697,723	0	13,697,723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,237,106		26,237,106	0	26,237,106	73.00
74.00	07400 RENAL DIALYSIS	1,975,035		1,975,035	0	1,975,035	74.00
76.00	03020 SHOCK THERAPY	165,476		165,476	0	165,476	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	2,390,118		2,390,118	0	2,390,118	76.01
76.02	03022 DIABETES CARE CENTER	732,297		732,297	0	732,297	76.02
76.03	03023 OP PSYCH	991,981		991,981	0	991,981	76.03
76.04	03024 CARDIAC REHAB	354,933		354,933	0	354,933	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	589,795		589,795	0	589,795	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	18,596,255		18,596,255	0	18,596,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,059,195		2,059,195	0	2,059,195	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	10,543,307		10,543,307	0	10,543,307	95.00
200.00	Subtotal (see instructions)	234,713,190	0	234,713,190	107,901	234,821,091	200.00
201.00	Less Observation Beds	2,059,195		2,059,195		2,059,195	201.00
202.00	Total (see instructions)	232,653,995	0	232,653,995	107,901	232,761,896	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/21/2014 10:38 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,640,350		74,640,350			30.00
31.00	03100	INTENSIVE CARE UNIT	18,332,555		18,332,555			31.00
32.00	03200	CORONARY CARE UNIT	13,360,374		13,360,374			32.00
40.00	04000	SUBPROVIDER - I PF	3,849,273		3,849,273			40.00
41.00	04100	SUBPROVIDER - I RF	3,781,820		3,781,820			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,025,800	16,172,011	43,197,811	0.413107	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,149,494	3,771,405	5,920,899	0.228542	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,012,923	4,382,764	9,395,687	0.072932	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,363,327	49,065,984	79,429,311	0.159965	0.000000	54.00
57.00	05700	CT SCAN	23,205,449	44,838,602	68,044,051	0.041578	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	14,906,682	12,922,683	27,829,365	0.134370	0.000000	59.00
60.00	06000	LABORATORY	51,989,465	73,200,134	125,189,599	0.130162	0.000000	60.00
60.01	06001	G.I. LAB	3,296,899	4,981,858	8,278,757	0.270044	0.000000	60.01
60.02	06002	VASCULAR LAB	3,659,735	2,106,259	5,765,994	0.098894	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,475,108	4,289,646	5,764,754	0.267421	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,493,559	1,128,229	9,621,788	0.356638	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	22,784,751	3,863,597	26,648,348	0.267925	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,864,253	5,101,903	11,966,156	0.281720	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,864,558	500,012	5,364,570	0.295152	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,315,540	124,321	1,439,861	0.379799	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,860,172	13,014,367	31,874,539	0.060392	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,046,694	4,194,242	5,240,936	0.180824	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,686,985	18,257,859	36,944,844	0.332146	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,623,595	12,484,405	33,108,000	0.413728	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,089,239	40,646,162	88,735,401	0.295678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,795,999	337,710	5,133,709	0.384719	0.000000	74.00
76.00	03020	SHOCK THERAPY	96,772	67,193	163,965	1.009215	0.000000	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	40,116	5,080,401	5,120,517	0.466773	0.000000	76.01
76.02	03022	DIABETES CARE CENTER	248	148,284	148,532	4.930231	0.000000	76.02
76.03	03023	OP PSYCH	21,053	3,620,422	3,641,475	0.272412	0.000000	76.03
76.04	03024	CARDIAC REHAB	211	442,512	442,723	0.801704	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	14,900	2,085,605	2,100,505	0.280787	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	20,716,657	98,681,203	119,397,860	0.155750	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	467,963	2,210,406	2,678,369	0.768824	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	102,499	23,364,585	23,467,084	0.449281	0.000000	95.00
200.00		Subtotal (see instructions)	454,935,018	451,084,764	906,019,782			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	454,935,018	451,084,764	906,019,782			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/21/2014 10:38 am
		Title XIX	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
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.414449		50.00
51.00	05100 RECOVERY ROOM	0.228542		51.00
53.00	05300 ANESTHESIOLOGY	0.074444		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.160245		54.00
57.00	05700 CT SCAN	0.041578		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.134370		59.00
60.00	06000 LABORATORY	0.130162		60.00
60.01	06001 G.I. LAB	0.270226		60.01
60.02	06002 VASCULAR LAB	0.098894		60.02
60.03	06003 LABORATORY-PATHOLOGY	0.267421		60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.356638		63.00
65.00	06500 RESPIRATORY THERAPY	0.267946		65.00
66.00	06600 PHYSICAL THERAPY	0.281720		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.295152		67.00
68.00	06800 SPEECH PATHOLOGY	0.379799		68.00
69.00	06900 ELECTROCARDIOLOGY	0.060627		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180824		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413728		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295678		73.00
74.00	07400 RENAL DIALYSIS	0.384719		74.00
76.00	03020 SHOCK THERAPY	1.009215		76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.466773		76.01
76.02	03022 DIABETES CARE CENTER	4.930231		76.02
76.03	03023 OP PSYCH	0.272412		76.03
76.04	03024 CARDIAC REHAB	0.801704		76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.280787		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.155750		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768824		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.449281		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 260180

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

Worksheet C Part II Date/Time Prepared: 5/21/2014 10:38 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,845,307	2,818,599	15,026,708	0	0	50.00
51.00	05100	RECOVERY ROOM	1,353,174	178,872	1,174,302	0	0	51.00
53.00	05300	ANESTHESIOLOGY	685,247	162,749	522,498	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,705,922	1,196,780	11,509,142	0	0	54.00
57.00	05700	CT SCAN	2,829,148	250,889	2,578,259	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,739,436	874,340	2,865,096	0	0	59.00
60.00	06000	LABORATORY	16,294,911	899,338	15,395,573	0	0	60.00
60.01	06001	G.I. LAB	2,235,631	210,980	2,024,651	0	0	60.01
60.02	06002	VASCULAR LAB	570,223	28,402	541,821	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,541,619	184,105	1,357,514	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,431,492	125,488	3,306,004	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,139,763	444,150	6,695,613	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,371,102	233,050	3,138,052	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,583,364	92,157	1,491,207	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	546,858	44,876	501,982	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,924,962	164,073	1,760,889	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	947,686	124,039	823,647	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,271,067	482,627	11,788,440	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,697,723	544,256	13,153,467	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,237,106	1,358,073	24,879,033	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,975,035	102,333	1,872,702	0	0	74.00
76.00	03020	SHOCK THERAPY	165,476	5,904	159,572	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	2,390,118	183,961	2,206,157	0	0	76.01
76.02	03022	DIABETES CARE CENTER	732,297	35,859	696,438	0	0	76.02
76.03	03023	OP PSYCH	991,981	54,328	937,653	0	0	76.03
76.04	03024	CARDIAC REHAB	354,933	53,223	301,710	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	589,795	21,115	568,680	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,596,255	1,433,221	17,163,034	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,059,195	217,721	1,841,474	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,543,307	872,397	9,670,910	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	169,350,133	13,397,905	155,952,228	0	0	200.00
201.00		Less Observation Beds	2,059,195	217,721	1,841,474	0	0	201.00
202.00		Total (line 200 minus line 201)	167,290,938	13,180,184	154,110,754	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/21/2014 10:38 am
		Title XIX	Hospital	PPS

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	17,845,307	43,197,811	0.413107	50.00
51.00	05100 RECOVERY ROOM	1,353,174	5,920,899	0.228542	51.00
53.00	05300 ANESTHESIOLOGY	685,247	9,395,687	0.072932	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,705,922	79,429,311	0.159965	54.00
57.00	05700 CT SCAN	2,829,148	68,044,051	0.041578	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,739,436	27,829,365	0.134370	59.00
60.00	06000 LABORATORY	16,294,911	125,189,599	0.130162	60.00
60.01	06001 G.I. LAB	2,235,631	8,278,757	0.270044	60.01
60.02	06002 VASCULAR LAB	570,223	5,765,994	0.098894	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,541,619	5,764,754	0.267421	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,431,492	9,621,788	0.356638	63.00
65.00	06500 RESPIRATORY THERAPY	7,139,763	26,648,348	0.267925	65.00
66.00	06600 PHYSICAL THERAPY	3,371,102	11,966,156	0.281720	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,583,364	5,364,570	0.295152	67.00
68.00	06800 SPEECH PATHOLOGY	546,858	1,439,861	0.379799	68.00
69.00	06900 ELECTROCARDIOLOGY	1,924,962	31,874,539	0.060392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	947,686	5,240,936	0.180824	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,271,067	36,944,844	0.332146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,697,723	33,108,000	0.413728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,237,106	88,735,401	0.295678	73.00
74.00	07400 RENAL DIALYSIS	1,975,035	5,133,709	0.384719	74.00
76.00	03020 SHOCK THERAPY	165,476	163,965	1.009215	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	2,390,118	5,120,517	0.466773	76.01
76.02	03022 DIABETES CARE CENTER	732,297	148,532	4.930231	76.02
76.03	03023 OP PSYCH	991,981	3,641,475	0.272412	76.03
76.04	03024 CARDIAC REHAB	354,933	442,723	0.801704	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	589,795	2,100,505	0.280787	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	18,596,255	119,397,860	0.155750	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,059,195	2,678,369	0.768824	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	10,543,307	23,467,084	0.449281	95.00
200.00	Subtotal (sum of lines 50 thru 199)	169,350,133	792,055,410		200.00
201.00	Less Observation Beds	2,059,195	0		201.00
202.00	Total (line 200 minus line 201)	167,290,938	792,055,410		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/21/2014 10:38 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,553,576	0	4,553,576	58,415	77.95	30.00
31.00	INTENSIVE CARE UNIT	885,567		885,567	6,805	130.13	31.00
32.00	CORONARY CARE UNIT	561,463		561,463	5,051	111.16	32.00
40.00	SUBPROVIDER - IPF	331,060	0	331,060	3,673	90.13	40.00
41.00	SUBPROVIDER - IRF	250,000	0	250,000	3,859	64.78	41.00
200.00	Total (lines 30-199)	6,581,666		6,581,666	77,803		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	24,657	1,922,013				
31.00	INTENSIVE CARE UNIT	3,521	458,188				
32.00	CORONARY CARE UNIT	2,793	310,470				
40.00	SUBPROVIDER - IPF	1,993	179,629				
41.00	SUBPROVIDER - IRF	2,624	169,983				
200.00	Total (lines 30-199)	35,588	3,040,283				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/21/2014 10:38 am
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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)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,818,599	43,197,811	0.065249	14,639,577	955,218	50.00
51.00	05100	RECOVERY ROOM	178,872	5,920,899	0.030210	806,752	24,372	51.00
53.00	05300	ANESTHESIOLOGY	162,749	9,395,687	0.017322	1,860,106	32,221	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,196,780	79,429,311	0.015067	10,696,997	161,172	54.00
57.00	05700	CT SCAN	250,889	68,044,051	0.003687	9,834,591	36,260	57.00
59.00	05900	CARDIAC CATHETERIZATION	874,340	27,829,365	0.031418	4,335,501	136,213	59.00
60.00	06000	LABORATORY	899,338	125,189,599	0.007184	24,948,507	179,230	60.00
60.01	06001	G.I. LAB	210,980	8,278,757	0.025485	1,056,443	26,923	60.01
60.02	06002	VASCULAR LAB	28,402	5,765,994	0.004926	1,931,894	9,517	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,105	5,764,754	0.031936	729,266	23,290	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	125,488	9,621,788	0.013042	3,415,893	44,550	63.00
65.00	06500	RESPIRATORY THERAPY	444,150	26,648,348	0.016667	11,768,125	196,139	65.00
66.00	06600	PHYSICAL THERAPY	233,050	11,966,156	0.019476	2,398,457	46,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,157	5,364,570	0.017179	1,590,987	27,332	67.00
68.00	06800	SPEECH PATHOLOGY	44,876	1,439,861	0.031167	420,987	13,121	68.00
69.00	06900	ELECTROCARDIOLOGY	164,073	31,874,539	0.005147	8,753,399	45,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,039	5,240,936	0.023667	491,438	11,631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,627	36,944,844	0.013063	12,155,607	158,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	544,256	33,108,000	0.016439	10,275,174	168,914	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,358,073	88,735,401	0.015305	24,973,091	382,213	73.00
74.00	07400	RENAL DIALYSIS	102,333	5,133,709	0.019934	3,163,977	63,071	74.00
76.00	03020	SHOCK THERAPY	5,904	163,965	0.036008	16,362	589	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	183,961	5,120,517	0.035926	24,507	880	76.01
76.02	03022	DIABETES CARE CENTER	35,859	148,532	0.241423	50	12	76.02
76.03	03023	OP PSYCH	54,328	3,641,475	0.014919	2,399	36	76.03
76.04	03024	CARDIAC REHAB	53,223	442,723	0.120217	211	25	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	21,115	2,100,505	0.010052	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,433,221	119,397,860	0.012004	6,205,335	74,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	217,721	2,678,369	0.081289	218,649	17,774	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,525,508	768,588,326		156,714,282	2,835,747	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Title XVIII			Hospital	PPS
	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	40,525	0	40,525	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,909	0	4,909	31.00
32.00	03200	CORONARY CARE UNIT	0	3,643	0	3,643	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,649	0	2,649	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,784	0	2,784	41.00
200.00		Total (lines 30-199)	0	54,510	0	54,510	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	58,415	0.69	24,657	17,013	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,805	0.72	3,521	2,535	0	31.00
32.00	03200	CORONARY CARE UNIT	5,051	0.72	2,793	2,011	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,673	0.72	1,993	1,435	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,859	0.72	2,624	1,889	0	41.00
200.00		Total (lines 30-199)	77,803		35,588	24,883	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
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G. I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1,938	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	1,938	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Title XVIII			Hospital		PPS
	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	43,197,811	0.000000	0.000000	14,639,577	50.00
51.00 05100 RECOVERY ROOM	0	5,920,899	0.000000	0.000000	806,752	51.00
53.00 05300 ANESTHESIOLOGY	0	9,395,687	0.000000	0.000000	1,860,106	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	79,429,311	0.000000	0.000000	10,696,997	54.00
57.00 05700 CT SCAN	0	68,044,051	0.000000	0.000000	9,834,591	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,829,365	0.000000	0.000000	4,335,501	59.00
60.00 06000 LABORATORY	0	125,189,599	0.000000	0.000000	24,948,507	60.00
60.01 06001 G.I. LAB	0	8,278,757	0.000000	0.000000	1,056,443	60.01
60.02 06002 VASCULAR LAB	0	5,765,994	0.000000	0.000000	1,931,894	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	5,764,754	0.000000	0.000000	729,266	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,621,788	0.000000	0.000000	3,415,893	63.00
65.00 06500 RESPIRATORY THERAPY	0	26,648,348	0.000000	0.000000	11,768,125	65.00
66.00 06600 PHYSICAL THERAPY	0	11,966,156	0.000000	0.000000	2,398,457	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,364,570	0.000000	0.000000	1,590,987	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,439,861	0.000000	0.000000	420,987	68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,874,539	0.000000	0.000000	8,753,399	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,240,936	0.000000	0.000000	491,438	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,944,844	0.000000	0.000000	12,155,607	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,108,000	0.000000	0.000000	10,275,174	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,735,401	0.000000	0.000000	24,973,091	73.00
74.00 07400 RENAL DIALYSIS	0	5,133,709	0.000000	0.000000	3,163,977	74.00
76.00 03020 SHOCK THERAPY	0	163,965	0.000000	0.000000	16,362	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,120,517	0.000000	0.000000	24,507	76.01
76.02 03022 DIABETES CARE CENTER	0	148,532	0.000000	0.000000	50	76.02
76.03 03023 OP PSYCH	0	3,641,475	0.000000	0.000000	2,399	76.03
76.04 03024 CARDIAC REHAB	0	442,723	0.000000	0.000000	211	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	2,100,505	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	119,397,860	0.000000	0.000000	6,205,335	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,938	2,678,369	0.000724	0.000724	218,649	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	1,938	768,588,326			156,714,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,323,013	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,110,292	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	1,310,948	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,026,647	0	0	0	54.00
57.00	05700 CT SCAN	0	10,393,151	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,590,486	0	0	0	59.00
60.00	06000 LABORATORY	0	233,136	0	0	0	60.00
60.01	06001 G.I. LAB	0	1,018,487	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	875,541	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	1,087,145	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	316,846	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,400,844	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	562	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,695	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,353,763	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,025,312	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,887,426	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,295,429	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,725,536	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	21,816	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	943,831	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	2,377,799	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	206,724	0	0	0	76.04
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,068,496	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	9,024,972	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	158	706,430	511	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	158	91,326,327	511	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G.I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	76.02
76.03	03023 OP PSYCH	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.413107	8,323,013	0	0	3,438,295	50.00
51.00	05100	RECOVERY ROOM	0.228542	1,110,292	0	0	253,748	51.00
53.00	05300	ANESTHESIOLOGY	0.072932	1,310,948	0	0	95,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159965	13,026,647	35	0	2,083,808	54.00
57.00	05700	CT SCAN	0.041578	10,393,151	0	0	432,126	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	3,590,486	0	0	482,454	59.00
60.00	06000	LABORATORY	0.130162	233,136	20,322	0	30,345	60.00
60.01	06001	G.I. LAB	0.270044	1,018,487	0	0	275,036	60.01
60.02	06002	VASCULAR LAB	0.098894	875,541	0	0	86,586	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	1,087,145	0	0	290,725	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	316,846	0	0	112,999	63.00
65.00	06500	RESPIRATORY THERAPY	0.267925	1,400,844	0	0	375,321	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	562	0	0	158	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	1,695	0	0	500	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060392	4,353,763	0	0	262,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	1,025,312	0	0	185,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	4,887,426	0	0	1,623,339	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	5,295,429	0	0	2,190,867	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	18,725,536	9,505	0	5,536,729	73.00
74.00	07400	RENAL DIALYSIS	0.384719	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	1.009215	21,816	0	0	22,017	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	943,831	0	0	440,555	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	0	0	0	0	76.02
76.03	03023	OP PSYCH	0.272412	2,377,799	0	0	647,741	76.03
76.04	03024	CARDIAC REHAB	0.801704	206,724	0	0	165,731	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	1,068,496	0	0	300,020	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.155750	9,024,972	0	0	1,405,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	706,430	0	0	543,120	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.449281		0	0		95.00
200.00		Subtotal (see instructions)		91,326,327	29,862	0	21,281,802	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		91,326,327	29,862	0	21,281,802	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6	0		54.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	2,645	0		60.00
60.01 06001 G.I. LAB	0	0		60.01
60.02 06002 VASCULAR LAB	0	0		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,810	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 SHOCK THERAPY	0	0		76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02 03022 DIABETES CARE CENTER	0	0		76.02
76.03 03023 OP PSYCH	0	0		76.03
76.04 03024 CARDIAC REHAB	0	0		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	5,461	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)	5,461	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/21/2014 10:38 am	
		Component CCN: 26S180		Title XVIII		Subprovider - IPF	
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	2,818,599	43,197,811	0.065249	0	50.00
51.00	05100	RECOVERY ROOM	178,872	5,920,899	0.030210	8,077	51.00
53.00	05300	ANESTHESIOLOGY	162,749	9,395,687	0.017322	2,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,196,780	79,429,311	0.015067	99,722	54.00
57.00	05700	CT SCAN	250,889	68,044,051	0.003687	109,516	57.00
59.00	05900	CARDIAC CATHETERIZATION	874,340	27,829,365	0.031418	0	59.00
60.00	06000	LABORATORY	899,338	125,189,599	0.007184	364,744	60.00
60.01	06001	G.I. LAB	210,980	8,278,757	0.025485	4,225	60.01
60.02	06002	VASCULAR LAB	28,402	5,765,994	0.004926	14,190	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,105	5,764,754	0.031936	1,557	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	125,488	9,621,788	0.013042	0	63.00
65.00	06500	RESPIRATORY THERAPY	444,150	26,648,348	0.016667	41,689	65.00
66.00	06600	PHYSICAL THERAPY	233,050	11,966,156	0.019476	66,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,157	5,364,570	0.017179	39,153	67.00
68.00	06800	SPEECH PATHOLOGY	44,876	1,439,861	0.031167	2,395	68.00
69.00	06900	ELECTROCARDIOLOGY	164,073	31,874,539	0.005147	59,022	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,039	5,240,936	0.023667	8,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,627	36,944,844	0.013063	9,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	544,256	33,108,000	0.016439	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,358,073	88,735,401	0.015305	325,098	73.00
74.00	07400	RENAL DIALYSIS	102,333	5,133,709	0.019934	12,220	74.00
76.00	03020	SHOCK THERAPY	5,904	163,965	0.036008	46,662	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	183,961	5,120,517	0.035926	0	76.01
76.02	03022	DIABETES CARE CENTER	35,859	148,532	0.241423	0	76.02
76.03	03023	OP PSYCH	54,328	3,641,475	0.014919	4,036	76.03
76.04	03024	CARDIAC REHAB	53,223	442,723	0.120217	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,115	2,100,505	0.010052	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,433,221	119,397,860	0.012004	207,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,678,369	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (Lines 50-199)	12,307,787	768,588,326		1,425,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	0	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	43,197,811	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	5,920,899	0.000000	0.000000	8,077	51.00
53.00 05300 ANESTHESIOLOGY	0	9,395,687	0.000000	0.000000	2,076	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	79,429,311	0.000000	0.000000	99,722	54.00
57.00 05700 CT SCAN	0	68,044,051	0.000000	0.000000	109,516	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,829,365	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	125,189,599	0.000000	0.000000	364,744	60.00
60.01 06001 G.I. LAB	0	8,278,757	0.000000	0.000000	4,225	60.01
60.02 06002 VASCULAR LAB	0	5,765,994	0.000000	0.000000	14,190	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	5,764,754	0.000000	0.000000	1,557	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,621,788	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	26,648,348	0.000000	0.000000	41,689	65.00
66.00 06600 PHYSICAL THERAPY	0	11,966,156	0.000000	0.000000	66,314	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,364,570	0.000000	0.000000	39,153	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,439,861	0.000000	0.000000	2,395	68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,874,539	0.000000	0.000000	59,022	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,240,936	0.000000	0.000000	8,648	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,944,844	0.000000	0.000000	9,460	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,108,000	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,735,401	0.000000	0.000000	325,098	73.00
74.00 07400 RENAL DIALYSIS	0	5,133,709	0.000000	0.000000	12,220	74.00
76.00 03020 SHOCK THERAPY	0	163,965	0.000000	0.000000	46,662	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,120,517	0.000000	0.000000	0	76.01
76.02 03022 DIABETES CARE CENTER	0	148,532	0.000000	0.000000	0	76.02
76.03 03023 OP PSYCH	0	3,641,475	0.000000	0.000000	4,036	76.03
76.04 03024 CARDIAC REHAB	0	442,723	0.000000	0.000000	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,100,505	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	119,397,860	0.000000	0.000000	207,080	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,678,369	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	768,588,326			1,425,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 G. I. LAB	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 SHOCK THERAPY	0	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02 03022 DIABETES CARE CENTER	0	0	76.02
76.03 03023 OP PSYCH	0	0	76.03
76.04 03024 CARDIAC REHAB	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/21/2014 10:38 am		
		Title XVIII		Subprovider - IRF		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	2,818,599	43,197,811	0.065249	39,716	2,591	50.00
51.00	05100	RECOVERY ROOM	178,872	5,920,899	0.030210	3,892	118	51.00
53.00	05300	ANESTHESIOLOGY	162,749	9,395,687	0.017322	8,452	146	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,196,780	79,429,311	0.015067	104,616	1,576	54.00
57.00	05700	CT SCAN	250,889	68,044,051	0.003687	74,828	276	57.00
59.00	05900	CARDIAC CATHETERIZATION	874,340	27,829,365	0.031418	0	0	59.00
60.00	06000	LABORATORY	899,338	125,189,599	0.007184	512,598	3,683	60.00
60.01	06001	G.I. LAB	210,980	8,278,757	0.025485	8,937	228	60.01
60.02	06002	VASCULAR LAB	28,402	5,765,994	0.004926	40,412	199	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,105	5,764,754	0.031936	2,567	82	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	125,488	9,621,788	0.013042	23,147	302	63.00
65.00	06500	RESPIRATORY THERAPY	444,150	26,648,348	0.016667	131,744	2,196	65.00
66.00	06600	PHYSICAL THERAPY	233,050	11,966,156	0.019476	1,572,039	30,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,157	5,364,570	0.017179	1,296,007	22,264	67.00
68.00	06800	SPEECH PATHOLOGY	44,876	1,439,861	0.031167	337,310	10,513	68.00
69.00	06900	ELECTROCARDIOLOGY	164,073	31,874,539	0.005147	33,122	170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,039	5,240,936	0.023667	5,405	128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,627	36,944,844	0.013063	109,698	1,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	544,256	33,108,000	0.016439	1,953	32	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,358,073	88,735,401	0.015305	948,693	14,520	73.00
74.00	07400	RENAL DIALYSIS	102,333	5,133,709	0.019934	216,294	4,312	74.00
76.00	03020	SHOCK THERAPY	5,904	163,965	0.036008	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	183,961	5,120,517	0.035926	0	0	76.01
76.02	03022	DIABETES CARE CENTER	35,859	148,532	0.241423	0	0	76.02
76.03	03023	OP PSYCH	54,328	3,641,475	0.014919	0	0	76.03
76.04	03024	CARDIAC REHAB	53,223	442,723	0.120217	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,115	2,100,505	0.010052	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,433,221	119,397,860	0.012004	2,708	33	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,678,369	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	12,307,787	768,588,326		5,474,138	95,419	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Subprovider - IRF	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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 G.I. LAB	0	0	0	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023 OP PSYCH	0	0	0	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	43,197,811	0.000000	0.000000	39,716 50.00
51.00 05100 RECOVERY ROOM	0	5,920,899	0.000000	0.000000	3,892 51.00
53.00 05300 ANESTHESIOLOGY	0	9,395,687	0.000000	0.000000	8,452 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	79,429,311	0.000000	0.000000	104,616 54.00
57.00 05700 CT SCAN	0	68,044,051	0.000000	0.000000	74,828 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,829,365	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	125,189,599	0.000000	0.000000	512,598 60.00
60.01 06001 G.I. LAB	0	8,278,757	0.000000	0.000000	8,937 60.01
60.02 06002 VASCULAR LAB	0	5,765,994	0.000000	0.000000	40,412 60.02
60.03 06003 LABORATORY-PATHOLOGY	0	5,764,754	0.000000	0.000000	2,567 60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,621,788	0.000000	0.000000	23,147 63.00
65.00 06500 RESPIRATORY THERAPY	0	26,648,348	0.000000	0.000000	131,744 65.00
66.00 06600 PHYSICAL THERAPY	0	11,966,156	0.000000	0.000000	1,572,039 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,364,570	0.000000	0.000000	1,296,007 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,439,861	0.000000	0.000000	337,310 68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,874,539	0.000000	0.000000	33,122 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,240,936	0.000000	0.000000	5,405 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,944,844	0.000000	0.000000	109,698 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,108,000	0.000000	0.000000	1,953 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,735,401	0.000000	0.000000	948,693 73.00
74.00 07400 RENAL DIALYSIS	0	5,133,709	0.000000	0.000000	216,294 74.00
76.00 03020 SHOCK THERAPY	0	163,965	0.000000	0.000000	0 76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,120,517	0.000000	0.000000	0 76.01
76.02 03022 DIABETES CARE CENTER	0	148,532	0.000000	0.000000	0 76.02
76.03 03023 OP PSYCH	0	3,641,475	0.000000	0.000000	0 76.03
76.04 03024 CARDIAC REHAB	0	442,723	0.000000	0.000000	0 76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,100,505	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	119,397,860	0.000000	0.000000	2,708 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,678,369	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (Lines 50-199)	0	768,588,326			5,474,138 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	03023	OP PSYCH	0	0	0	0	0	76.03
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 G. I. LAB	0	0	60.01
60.02	06002 VASCULAR LAB	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 SHOCK THERAPY	0	0	76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02	03022 DIABETES CARE CENTER	0	0	76.02
76.03	03023 OP PSYCH	0	0	76.03
76.04	03024 CARDIAC REHAB	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/21/2014 10:38 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,553,576	0	4,553,576	58,415	77.95	30.00
31.00	INTENSIVE CARE UNIT	885,567		885,567	6,805	130.13	31.00
32.00	CORONARY CARE UNIT	561,463		561,463	5,051	111.16	32.00
40.00	SUBPROVIDER - IPF	331,060	0	331,060	3,673	90.13	40.00
41.00	SUBPROVIDER - IRF	250,000	0	250,000	3,859	64.78	41.00
200.00	Total (Lines 30-199)	6,581,666		6,581,666	77,803		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,475	738,576				
31.00	INTENSIVE CARE UNIT	802	104,364				
32.00	CORONARY CARE UNIT	727	80,813				
40.00	SUBPROVIDER - IPF	516	46,507				
41.00	SUBPROVIDER - IRF	97	6,284				
200.00	Total (Lines 30-199)	11,617	976,544				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description		Title XIX			Hospital	PPS		
		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	2,818,599	43,197,811	0.065249	1,707,246	111,396	50.00
51.00	05100	RECOVERY ROOM	178,872	5,920,899	0.030210	211,684	6,395	51.00
53.00	05300	ANESTHESIOLOGY	162,749	9,395,687	0.017322	474,133	8,213	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,196,780	79,429,311	0.015067	3,830,228	57,710	54.00
57.00	05700	CT SCAN	250,889	68,044,051	0.003687	2,882,098	10,626	57.00
59.00	05900	CARDIAC CATHETERIZATION	874,340	27,829,365	0.031418	1,148,663	36,089	59.00
60.00	06000	LABORATORY	899,338	125,189,599	0.007184	6,870,619	49,359	60.00
60.01	06001	G.I. LAB	210,980	8,278,757	0.025485	317,993	8,104	60.01
60.02	06002	VASCULAR LAB	28,402	5,765,994	0.004926	393,795	1,940	60.02
60.03	06003	LABORATORY-PATHOLOGY	184,105	5,764,754	0.031936	194,529	6,212	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	125,488	9,621,788	0.013042	814,343	10,621	63.00
65.00	06500	RESPIRATORY THERAPY	444,150	26,648,348	0.016667	3,094,586	51,577	65.00
66.00	06600	PHYSICAL THERAPY	233,050	11,966,156	0.019476	511,842	9,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,157	5,364,570	0.017179	367,654	6,316	67.00
68.00	06800	SPEECH PATHOLOGY	44,876	1,439,861	0.031167	98,348	3,065	68.00
69.00	06900	ELECTROCARDIOLOGY	164,073	31,874,539	0.005147	2,070,888	10,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,039	5,240,936	0.023667	173,101	4,097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	482,627	36,944,844	0.013063	780,183	10,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	544,256	33,108,000	0.016439	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,358,073	88,735,401	0.015305	6,260,631	95,819	73.00
74.00	07400	RENAL DIALYSIS	102,333	5,133,709	0.019934	439,227	8,756	74.00
76.00	03020	SHOCK THERAPY	5,904	163,965	0.036008	9,090	327	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	183,961	5,120,517	0.035926	0	0	76.01
76.02	03022	DIABETES CARE CENTER	35,859	148,532	0.241423	0	0	76.02
76.03	03023	OP PSYCH	54,328	3,641,475	0.014919	0	0	76.03
76.04	03024	CARDIAC REHAB	53,223	442,723	0.120217	0	0	76.04
76.98	07698	HYPERBARI C OXYGEN THERAPY	21,115	2,100,505	0.010052	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,433,221	119,397,860	0.012004	3,532,991	42,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	217,721	2,678,369	0.081289	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,525,508	768,588,326		36,183,872	549,852	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Title XIX			Hospital	PPS
	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	40,525	0	40,525	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,909	0	4,909	31.00
32.00	03200	CORONARY CARE UNIT	0	3,643	0	3,643	32.00
40.00	04000	SUBPROVIDER - IPF	0	2,649	0	2,649	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,784	0	2,784	41.00
200.00		Total (lines 30-199)	0	54,510	0	54,510	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	58,415	0.69	9,475	6,538	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,805	0.72	802	577	0	31.00
32.00	03200	CORONARY CARE UNIT	5,051	0.72	727	523	0	32.00
40.00	04000	SUBPROVIDER - IPF	3,673	0.72	516	372	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,859	0.72	97	70	0	41.00
200.00		Total (lines 30-199)	77,803		11,617	8,080	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
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		Title XIX				Hospital		PPS	
		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	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	G.I. LAB	0	0	0	0	0	60.01	
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02	
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03020	SHOCK THERAPY	0	0	0	0	0	76.00	
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01	
76.02	03022	DIABETES CARE CENTER	0	0	0	0	0	76.02	
76.03	03023	OP PSYCH	0	0	0	0	0	76.03	
76.04	03024	CARDIAC REHAB	0	0	0	0	0	76.04	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	43,197,811	0.000000	0.000000		1,707,246	50.00
51.00 05100 RECOVERY ROOM	0	5,920,899	0.000000	0.000000		211,684	51.00
53.00 05300 ANESTHESIOLOGY	0	9,395,687	0.000000	0.000000		474,133	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	79,429,311	0.000000	0.000000		3,830,228	54.00
57.00 05700 CT SCAN	0	68,044,051	0.000000	0.000000		2,882,098	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,829,365	0.000000	0.000000		1,148,663	59.00
60.00 06000 LABORATORY	0	125,189,599	0.000000	0.000000		6,870,619	60.00
60.01 06001 G.I. LAB	0	8,278,757	0.000000	0.000000		317,993	60.01
60.02 06002 VASCULAR LAB	0	5,765,994	0.000000	0.000000		393,795	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	5,764,754	0.000000	0.000000		194,529	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	9,621,788	0.000000	0.000000		814,343	63.00
65.00 06500 RESPIRATORY THERAPY	0	26,648,348	0.000000	0.000000		3,094,586	65.00
66.00 06600 PHYSICAL THERAPY	0	11,966,156	0.000000	0.000000		511,842	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,364,570	0.000000	0.000000		367,654	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,439,861	0.000000	0.000000		98,348	68.00
69.00 06900 ELECTROCARDIOLOGY	0	31,874,539	0.000000	0.000000		2,070,888	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,240,936	0.000000	0.000000		173,101	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,944,844	0.000000	0.000000		780,183	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,108,000	0.000000	0.000000		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	88,735,401	0.000000	0.000000		6,260,631	73.00
74.00 07400 RENAL DIALYSIS	0	5,133,709	0.000000	0.000000		439,227	74.00
76.00 03020 SHOCK THERAPY	0	163,965	0.000000	0.000000		9,090	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	5,120,517	0.000000	0.000000		0	76.01
76.02 03022 DIABETES CARE CENTER	0	148,532	0.000000	0.000000		0	76.02
76.03 03023 OP PSYCH	0	3,641,475	0.000000	0.000000		0	76.03
76.04 03024 CARDIAC REHAB	0	442,723	0.000000	0.000000		0	76.04
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	2,100,505	0.000000	0.000000		0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0	119,397,860	0.000000	0.000000		3,532,991	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,678,369	0.000000	0.000000		0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	768,588,326				36,183,872	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 10:38 am
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Cost Center Description	Title XIX			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 G.I. LAB	0	0	0	0	0	60.01
60.02 06002 VASCULAR LAB	0	0	0	0	0	60.02
60.03 06003 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02 03022 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 03023 OP PSYCH	0	0	0	0	0	76.03
76.04 03024 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	SHOCK THERAPY	0	0		76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02	03022	DIABETES CARE CENTER	0	0		76.02
76.03	03023	OP PSYCH	0	0		76.03
76.04	03024	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/21/2014 10:38 am
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		Title XIX			Hospital	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.413107	0	0	1,687,423	0
51.00	05100 RECOVERY ROOM	0.228542	0	0	247,307	0
53.00	05300 ANESTHESIOLOGY	0.072932	0	0	296,267	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159965	0	0	0	0
57.00	05700 CT SCAN	0.041578	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.134370	0	0	630,940	0
60.00	06000 LABORATORY	0.130162	0	0	0	0
60.01	06001 G.I. LAB	0.270044	0	0	299,486	0
60.02	06002 VASCULAR LAB	0.098894	0	0	148,973	0
60.03	06003 LABORATORY-PATHOLOGY	0.267421	0	0	179,310	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.356638	0	0	55,136	0
65.00	06500 RESPIRATORY THERAPY	0.267925	0	0	326,305	0
66.00	06600 PHYSICAL THERAPY	0.281720	0	0	422,677	0
67.00	06700 OCCUPATIONAL THERAPY	0.295152	0	0	53,484	0
68.00	06800 SPEECH PATHOLOGY	0.379799	0	0	24,003	0
69.00	06900 ELECTROCARDIOLOGY	0.060392	0	0	963,909	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180824	0	0	362,544	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	0	0	26,334	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413728	0	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295678	0	0	5,942,591	0
74.00	07400 RENAL DIALYSIS	0.384719	0	0	0	0
76.00	03020 SHOCK THERAPY	1.009215	0	0	7,878	0
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.466773	0	0	556,213	0
76.02	03022 DIABETES CARE CENTER	4.930231	0	0	5,148	0
76.03	03023 OP PSYCH	0.272412	0	0	0	0
76.04	03024 CARDIAC REHAB	0.801704	0	0	56,624	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.280787	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.155750	0	0	9,856,129	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.449281	0	0		95.00
200.00	Subtotal (see instructions)		0	0	22,148,681	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	22,148,681	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/21/2014 10:38 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	697,086		50.00
51.00 05100 RECOVERY ROOM	0	56,520		51.00
53.00 05300 ANESTHESIOLOGY	0	21,607		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	84,779		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 G.I. LAB	0	80,874		60.01
60.02 06002 VASCULAR LAB	0	14,733		60.02
60.03 06003 LABORATORY-PATHOLOGY	0	47,951		60.03
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	19,664		63.00
65.00 06500 RESPIRATORY THERAPY	0	87,425		65.00
66.00 06600 PHYSICAL THERAPY	0	119,077		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	15,786		67.00
68.00 06800 SPEECH PATHOLOGY	0	9,116		68.00
69.00 06900 ELECTROCARDIOLOGY	0	58,212		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	65,557		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,747		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,757,093		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 SHOCK THERAPY	0	7,951		76.00
76.01 03021 PAIN MANAGEMENT & OP CHEMO	0	259,625		76.01
76.02 03022 DIABETES CARE CENTER	0	25,381		76.02
76.03 03023 OP PSYCH	0	0		76.03
76.04 03024 CARDIAC REHAB	0	45,396		76.04
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	1,535,092		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	5,017,672		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,017,672		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2014 10:38 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	58,415		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	58,415		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)	55,622		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)	24,657		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)	43,067,483		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)	43,067,483		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)	43,067,483		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)	737.27		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	18,178,866		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)	18,178,866		41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	10,185,380	6,805	1,496.75	3,521	5,270,057	43.00	
44.00	6,185,065	5,051	1,224.52	2,793	3,420,084	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,364,299	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					64,233,306	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)					2,712,230	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,835,905	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,548,135	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,685,171	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)					2,793	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					737.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,059,195	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
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	4,553,576	43,067,483	0.105731	2,059,195	217,721	90.00
91.00	Nursing School cost	0	43,067,483	0.000000	2,059,195	0	91.00
92.00	Allied health cost	40,525	43,067,483	0.000941	2,059,195	1,938	92.00
93.00	All other Medical Education	0	43,067,483	0.000000	2,059,195	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,673 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,673 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)			3,673 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,993 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)			3,550,951 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)			3,550,951 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)			3,550,951 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)			966.77 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,926,773 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)			1,926,773 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1			
		Component CCN: 26S180		Date/Time Prepared: 5/21/2014 10:38 am			
		Title XVIII	Subprovider - IPF	PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0	43.00	
44.00	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	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)					304,842	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,231,615	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)					181,064	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,849	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					198,913	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,032,702	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	331,060	3,550,951	0.093231	0	0	90.00
91.00	Nursing School cost	0	3,550,951	0.000000	0	0	91.00
92.00	Allied health cost	2,649	3,550,951	0.000746	0	0	92.00
93.00	All other Medical Education	0	3,550,951	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Subprovider - IRF	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)			3,859 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,859 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)			3,859 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)			2,624 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)			2,378,084 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)			2,378,084 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)			2,378,084 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)			616.24 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,617,014 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)			1,617,014 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 26T180				Date/Time Prepared: 5/21/2014 10:38 am		
		Title XVIII		Subprovider - IRF		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	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)					1,513,102		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,130,116		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)					171,872		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					95,419		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					267,291		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,862,825		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIII		Subprovider - IRF		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	250,000	2,378,084	0.105127	0	0	90.00
91.00	Nursing School cost	0	2,378,084	0.000000	0	0	91.00
92.00	Allied health cost	2,784	2,378,084	0.001171	0	0	92.00
93.00	All other Medical Education	0	2,378,084	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,415	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,415	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)		55,622	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)		9,475	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)		43,067,483	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)		43,067,483	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)		43,067,483	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)		737.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,985,633	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)		6,985,633	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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	10,185,380	6,805	1,496.75	802	1,200,394	43.00	
44.00	6,185,065	5,051	1,224.52	727	890,226	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,155,588	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,231,841	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)					931,391	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					549,852	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,481,243	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,750,598	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)					2,793	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					737.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,059,195	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
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	4,553,576	43,067,483	0.105731	2,059,195	217,721	90.00
91.00	Nursing School cost	0	43,067,483	0.000000	2,059,195	0	91.00
92.00	Allied health cost	40,525	43,067,483	0.000941	2,059,195	1,938	92.00
93.00	All other Medical Education	0	43,067,483	0.000000	2,059,195	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 26S180		Date/Time Prepared: 5/21/2014 10:38 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,673	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)		3,673	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)		516	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)		3,550,951	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)		3,550,951	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)		3,550,951	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)		966.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		498,853	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)		498,853	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1			
		Component CCN: 26S180				Date/Time Prepared: 5/21/2014 10:38 am			
		Title XIX		Subprovider - IPF		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)				
	1.00	2.00	3.00	4.00	5.00				
42.00	NURSERY (title V & XIX only)							42.00	
	Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00		
44.00	0	0	0.00	0	0		44.00		
45.00	BURN INTENSIVE CARE UNIT							45.00	
46.00	SURGICAL INTENSIVE CARE UNIT							46.00	
47.00	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)							72,829	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							571,682	49.00
	PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am
		Title XIX	Subprovider - IRF	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)			3,859 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,859 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)			3,859 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)			97 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)			2,377,092 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)			2,377,092 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)			2,377,092 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)			615.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			59,751 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)			59,751 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 26T180				Date/Time Prepared: 5/21/2014 10:38 am		
		Title XIX		Subprovider - IRF		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	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)					294,451		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					354,202		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 10:38 am	
		Title XIX		Subprovider - IRF		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: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/21/2014 10:38 am	
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		32,774,807	30.00
31.00	03100	INTENSIVE CARE UNIT		9,477,163	31.00
32.00	03200	CORONARY CARE UNIT		7,390,509	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.414449	14,639,577	50.00
51.00	05100	RECOVERY ROOM	0.228542	806,752	51.00
53.00	05300	ANESTHESIOLOGY	0.074444	1,860,106	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160245	10,696,997	54.00
57.00	05700	CT SCAN	0.041578	9,834,591	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	4,335,501	59.00
60.00	06000	LABORATORY	0.130162	24,948,507	60.00
60.01	06001	G.I. LAB	0.270226	1,056,443	60.01
60.02	06002	VASCULAR LAB	0.098894	1,931,894	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	729,266	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	3,415,893	63.00
65.00	06500	RESPIRATORY THERAPY	0.267946	11,768,125	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	2,398,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	1,590,987	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	420,987	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060627	8,753,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	491,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	12,155,607	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	10,275,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	24,973,091	73.00
74.00	07400	RENAL DIALYSIS	0.384719	3,163,977	74.00
76.00	03020	SHOCK THERAPY	1.009215	16,362	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	24,507	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	50	76.02
76.03	03023	OP PSYCH	0.272412	2,399	76.03
76.04	03024	CARDIAC REHAB	0.801704	211	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155750	6,205,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	218,649	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		156,714,282	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)		156,714,282	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 26S180		Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		2,086,071	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.414449	0	50.00
51.00	05100	RECOVERY ROOM	0.228542	8,077	51.00
53.00	05300	ANESTHESIOLOGY	0.074444	2,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160245	99,722	54.00
57.00	05700	CT SCAN	0.041578	109,516	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	0	59.00
60.00	06000	LABORATORY	0.130162	364,744	60.00
60.01	06001	G.I. LAB	0.270226	4,225	60.01
60.02	06002	VASCULAR LAB	0.098894	14,190	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	1,557	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.267946	41,689	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	66,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	39,153	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	2,395	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060627	59,022	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	8,648	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	9,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	325,098	73.00
74.00	07400	RENAL DIALYSIS	0.384719	12,220	74.00
76.00	03020	SHOCK THERAPY	1.009215	46,662	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	0	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	0	76.02
76.03	03023	OP PSYCH	0.272412	4,036	76.03
76.04	03024	CARDIAC REHAB	0.801704	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155750	207,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,425,884	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)		1,425,884	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIII	Subprovider - IRF	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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,570,063	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.414449	39,716	50.00
51.00	05100	RECOVERY ROOM	0.228542	3,892	51.00
53.00	05300	ANESTHESIOLOGY	0.074444	8,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160245	104,616	54.00
57.00	05700	CT SCAN	0.041578	74,828	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	0	59.00
60.00	06000	LABORATORY	0.130162	512,598	60.00
60.01	06001	G.I. LAB	0.270226	8,937	60.01
60.02	06002	VASCULAR LAB	0.098894	40,412	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	2,567	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	23,147	63.00
65.00	06500	RESPIRATORY THERAPY	0.267946	131,744	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	1,572,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	1,296,007	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	337,310	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060627	33,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	5,405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	109,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	1,953	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	948,693	73.00
74.00	07400	RENAL DIALYSIS	0.384719	216,294	74.00
76.00	03020	SHOCK THERAPY	1.009215	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	0	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	0	76.02
76.03	03023	OP PSYCH	0.272412	0	76.03
76.04	03024	CARDIAC REHAB	0.801704	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155750	2,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,474,138	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)		5,474,138	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/21/2014 10:38 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,100,546	30.00
31.00	03100	INTENSIVE CARE UNIT		2,039,091	31.00
32.00	03200	CORONARY CARE UNIT		1,847,321	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.414449	1,707,246	50.00
51.00	05100	RECOVERY ROOM	0.228542	211,684	51.00
53.00	05300	ANESTHESIOLOGY	0.074444	474,133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.160245	3,830,228	54.00
57.00	05700	CT SCAN	0.041578	2,882,098	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	1,148,663	59.00
60.00	06000	LABORATORY	0.130162	6,870,619	60.00
60.01	06001	G.I. LAB	0.270226	317,993	60.01
60.02	06002	VASCULAR LAB	0.098894	393,795	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	194,529	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	814,343	63.00
65.00	06500	RESPIRATORY THERAPY	0.267946	3,094,586	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	511,842	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	367,654	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	98,348	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060627	2,070,888	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	173,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	780,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	6,260,631	73.00
74.00	07400	RENAL DIALYSIS	0.384719	439,227	74.00
76.00	03020	SHOCK THERAPY	1.009215	9,090	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	0	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	0	76.02
76.03	03023	OP PSYCH	0.272412	0	76.03
76.04	03024	CARDIAC REHAB	0.801704	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155750	3,532,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		36,183,872	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)		36,183,872	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/21/2014 10:38 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		454,545	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.413107	253	105 50.00
51.00	05100 RECOVERY ROOM	0.228542	1,209	276 51.00
53.00	05300 ANESTHESIOLOGY	0.072932	1,724	126 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.159965	37,394	5,982 54.00
57.00	05700 CT SCAN	0.041578	23,299	969 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.134370	1,043	140 59.00
60.00	06000 LABORATORY	0.130162	155,152	20,195 60.00
60.01	06001 G.I. LAB	0.270044	1,733	468 60.01
60.02	06002 VASCULAR LAB	0.098894	2,550	252 60.02
60.03	06003 LABORATORY-PATHOLOGY	0.267421	197	53 60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.356638	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.267925	9,050	2,425 65.00
66.00	06600 PHYSICAL THERAPY	0.281720	7,754	2,184 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.295152	6,521	1,925 67.00
68.00	06800 SPEECH PATHOLOGY	0.379799	488	185 68.00
69.00	06900 ELECTROCARDIOLOGY	0.060392	31,527	1,904 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180824	3,980	720 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	977	325 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.413728	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295678	55,403	16,381 73.00
74.00	07400 RENAL DIALYSIS	0.384719	0	0 74.00
76.00	03020 SHOCK THERAPY	1.009215	2,424	2,446 76.00
76.01	03021 PAIN MANAGEMENT & OP CHEMO	0.466773	0	0 76.01
76.02	03022 DIABETES CARE CENTER	4.930231	0	0 76.02
76.03	03023 OP PSYCH	0.272412	0	0 76.03
76.04	03024 CARDIAC REHAB	0.801704	0	0 76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.280787	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.155750	101,239	15,768 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		443,917	72,829 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		443,917	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 26T180		Date/Time Prepared: 5/21/2014 10:38 am	
		Title XIX	Subprovider - IRF	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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		200,900	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.413107	76,085	50.00
51.00	05100	RECOVERY ROOM	0.228542	3,265	51.00
53.00	05300	ANESTHESIOLOGY	0.072932	13,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.159965	127,766	54.00
57.00	05700	CT SCAN	0.041578	80,657	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.134370	5,388	59.00
60.00	06000	LABORATORY	0.130162	133,404	60.00
60.01	06001	G.I. LAB	0.270044	1,988	60.01
60.02	06002	VASCULAR LAB	0.098894	13,096	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.267421	1,113	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.356638	23,754	63.00
65.00	06500	RESPIRATORY THERAPY	0.267925	109,470	65.00
66.00	06600	PHYSICAL THERAPY	0.281720	149,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.295152	115,247	67.00
68.00	06800	SPEECH PATHOLOGY	0.379799	32,583	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060392	57,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.180824	4,211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.332146	55,530	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.413728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295678	186,933	73.00
74.00	07400	RENAL DIALYSIS	0.384719	24,555	74.00
76.00	03020	SHOCK THERAPY	1.009215	0	76.00
76.01	03021	PAIN MANAGEMENT & OP CHEMO	0.466773	0	76.01
76.02	03022	DIABETES CARE CENTER	4.930231	0	76.02
76.03	03023	OP PSYCH	0.272412	0	76.03
76.04	03024	CARDIAC REHAB	0.801704	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.280787	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.155750	23,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.768824	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,238,348	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)		1,238,348	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 10:38 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		35,131,665	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		10,906,540	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		2,026,318	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		13,299,379	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		414.35	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)		2.47	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-1.56	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)		0.91	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.00	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)		0.91	12.00
13.00	Total allowable FTE count for the prior year.		0.92	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.		0.78	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.87	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.87	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002100	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002091	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002091	21.00
22.00	IME payment adjustment (see instructions)		67,764	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)		0.09	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		67,764	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.51	31.00
32.00	Sum of lines 30 and 31		26.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.70	33.00
34.00	Disproportionate share adjustment (see instructions)		4,050,838	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			4,299,482	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,083,706	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,083,706		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			679	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		4,979		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		733.28		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5,077		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.145669		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		405.45		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		294,060		46.00
47.00	Subtotal (see instructions)		53,560,891		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)		53,560,891		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,066,885		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).		16,411		52.00
53.00	Nursing and Allied Health Managed Care payment		0		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).		21,559		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		158		58.00
59.00	Total (sum of amounts on lines 49 through 58)		57,665,904		59.00
60.00	Primary payer payments		11,641		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,654,263		61.00
62.00	Deductibles billed to program beneficiaries		3,967,824		62.00
63.00	Coinurance billed to program beneficiaries		308,625		63.00
64.00	Allowable bad debts (see instructions)		2,284,251		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,484,763		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,605,787		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		54,862,577		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)		52,020		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-310,271		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		54,604,326		71.00
71.01	Sequestration adjustment (see instructions)		824,525		71.01
72.00	Interim payments		52,654,704		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		1,125,097		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		279,482		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/21/2014 10:38 am	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	8.53	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	17.51	0.00			17.51	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.04	0.00			17.51	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)	414.35	0.00			414.35	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	10.70	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	8.53	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.92	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)	9,569	0			9,569	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	667	0			667	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	731	0			731	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	37	0			37	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	898	0			898	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)	11,902	0			11,902	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	67,478	0			67,478	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	483	0			483	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)	67,961	0			67,961	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	17.51	0.00			17.51	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 260180		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVII I		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	True	10.70		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	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		10.70		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.		10.70		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 amendment? (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 Community 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: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/21/2014 10:38 am
		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	4.13		29.00
30.00	Line 28 or 29 as applicable	4.13		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: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/21/2014 10:38 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,461 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			21,281,291 2.00
3.00	PPS payments			19,204,188 3.00
4.00	Outlier payment (see instructions)			48,107 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			511 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,461 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			29,862 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)			29,862 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			29,862 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			24,401 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)			5,461 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)			19,252,806 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			69 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,994,631 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)			15,263,567 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			5,021 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)			15,268,588 30.00
31.00	Primary payer payments			133 31.00
32.00	Subtotal (line 30 minus line 31)			15,268,455 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)			815,571 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			530,121 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			335,104 36.00
37.00	Subtotal (see instructions)			15,798,576 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			15,798,576 40.00
40.01	Sequestration adjustment (see instructions)			238,558 40.01
41.00	Interim payments			15,182,275 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			377,743 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 10:38 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		52,654,704		15,096,675	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	07/31/2013	85,600	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		85,600	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)		52,654,704		15,182,275	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,125,097		377,743	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		53,779,801		15,560,018	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: 260180
Component CCN: 26S180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 10:38 am
PPS

Title XVIII

Subprovider -
IPF

		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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,421,348		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)		1,421,348		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,547		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,423,895		0	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: 260180
Component CCN: 26T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 10:38 am
PPS

Title XVIII

Subprovider -
IRF

		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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,521,521		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)		3,521,521		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		41,078		0	6.02
7.00	Total Medicare program liability (see instructions)		3,480,443		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 260180

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

Worksheet E-1
Part II
Date/Time Prepared:
5/21/2014 10:38 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			13,910 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			30,971 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			9,069 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			67,478 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			906,019,782 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			83,855,372 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,976,684 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,976,684 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,998,694 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)			-22,010 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/21/2014 10:38 am
		Component CCN: 26S180	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,570,762	1.00
2.00	Net IPF PPS Outlier Payments		14,540	2.00
3.00	Net IPF PPS ECT Payments		22,056	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		10.063014	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,607,358	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,607,358	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,607,358	18.00
19.00	Deductibles		146,788	19.00
20.00	Subtotal (line 18 minus line 19)		1,460,570	20.00
21.00	Coinsurance		16,280	21.00
22.00	Subtotal (line 20 minus line 21)		1,444,290	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,444,290	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,435	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,445,725	31.00
31.01	Sequestration adjustment (see instructions)		21,830	31.01
32.00	Interim payments		1,421,348	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		2,547	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		14,540	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,558,554	832,011	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0392		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	74,710	16,640	3.00
4.00	Outlier Payments	85,815		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	10.572603		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	3,567,730		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	3,567,730		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	3,567,730		19.00
20.00	Deductibles	21,312		20.00
21.00	Subtotal (line 19 minus line 20)	3,546,418		21.00
22.00	Coinurance	14,504		22.00
23.00	Subtotal (line 21 minus line 22)	3,531,914		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	3,531,914		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	1,889		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	3,533,803		32.00
32.01	Sequestration adjustment (see instructions)	53,360		32.01
33.00	Interim payments	3,521,521		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-41,078		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	85,815		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/21/2014 10:38 am	
		Title XVII	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.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.55	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)			0.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.92	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.	0.00	0.50	0.50	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.	0.00	0.46	0.46	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	0.00	0.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.47		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.40		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.44		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	0.00	0.44		17.00
18.00	Per resident amount	0.00	83,363.15		18.00
19.00	Approved amount for resident costs	0	36,680	36,680	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)			0.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			36,680	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	35,588	9,596		26.00
27.00	Total Inpatient Days (see instructions)	75,010	75,010		27.00
28.00	Ratio of inpatient days to total inpatient days	0.474443	0.127930		28.00
29.00	Program direct GME amount	17,403	4,692		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		663		30.00
31.00	Net Program direct GME amount			21,432	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,133,709	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)		69,595,037	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)		11,641	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		69,583,396	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,287,263	42.00
43.00	Primary payer payments (see instructions)		133	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,287,130	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		90,870,526	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.765742	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.234258	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		21,432	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		16,411	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,021	50.00

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

Provider CCN: 260180

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

Worksheet G

Date/Time Prepared:
5/21/2014 10:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	318,619	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,941,687	0	0	0	4.00
5.00	Other receivable	1,854,477	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,969,221	0	0	0	7.00
8.00	Prepaid expenses	732,064	0	0	0	8.00
9.00	Other current assets	1,275,768	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)	36,091,836	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,714,924	0	0	0	13.00
14.00	Accumulated depreciation	-5,760,948	0	0	0	14.00
15.00	Buildings	114,177,435	0	0	0	15.00
16.00	Accumulated depreciation	-61,696,982	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	81,407,030	0	0	0	19.00
20.00	Accumulated depreciation	-64,224,320	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	107,064,710	0	0	0	23.00
24.00	Accumulated depreciation	-85,471,253	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	5,332,574	0	0	0	27.00
28.00	Accumulated depreciation	-1,124,622	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)	98,658,873	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	38,261	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,261	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	134,788,970	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,853,753	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,081,046	0	0	0	38.00
39.00	Payroll taxes payable	200,522	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	665,155	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,800,476	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	274,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	274,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	15,074,476	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	119,714,494				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	119,714,494	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	134,788,970	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:
5/21/2014 10:38 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		118,551,091		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-31,640,636			2.00
3.00	Total (sum of line 1 and line 2)		86,910,455		0	3.00
4.00	TRANSFER FROM BJC	32,636,717		0		4.00
5.00	CHANGE IN RESTRICTED ASSETS	167,322		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		32,804,039		0	10.00
11.00	Subtotal (line 3 plus line 10)		119,714,494		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		119,714,494		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	TRANSFER FROM BJC		0			4.00
5.00	CHANGE IN RESTRICTED ASSETS		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)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2014 10:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	74,444,482		74,444,482	1.00
2.00	SUBPROVIDER - IPF	3,849,273		3,849,273	2.00
3.00	SUBPROVIDER - IRF	3,781,820		3,781,820	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	82,075,575		82,075,575	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,332,555		18,332,555	11.00
12.00	CORONARY CARE UNIT	13,360,374		13,360,374	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)	31,692,929		31,692,929	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,768,504		113,768,504	17.00
18.00	Ancillary services	354,357,963	449,520,328	803,878,291	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				22.00
23.00	AMBULANCE SERVICES	103,982	24,022,042	24,126,024	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	468,230,449	473,542,370	941,772,819	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		239,135,635		29.00
30.00	CORPORATE OVERHEAD EXPENSES	28,914,149			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		28,914,149		36.00
37.00	NON OPERATING EXPENSES	1,592,207			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)		1,592,207		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		266,457,577		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/21/2014 10:38 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	941,772,819	1.00
2.00	Less contractual allowances and discounts on patients' accounts	710,468,548	2.00
3.00	Net patient revenues (line 1 minus line 2)	231,304,271	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	266,457,577	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-35,153,306	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	291,734	6.00
7.00	Income from investments	289,865	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,180,446	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICARE HIT INCENTIVE	2,998,694	24.00
24.01	MEDICAID HIT INCENTIVE	739,590	24.01
24.02	PHYSICIAN PRACTICE NET LOSS	-11,054,907	24.02
24.03	MOB NET LOSS	-417,906	24.03
24.04	OTHER OPERATING REVENUE	9,485,154	24.04
25.00	Total other income (sum of lines 6-24)	3,512,670	25.00
26.00	Total (line 5 plus line 25)	-31,640,636	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-31,640,636	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260180	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/21/2014 10:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,644,420	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		220,564	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		186.19	3.00
4.00	Number of interns & residents (see instructions)		0.87	4.00
5.00	Indirect medical education percentage (see instructions)		0.13	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		4,738	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.51	8.00
9.00	Sum of lines 7 and 8		26.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.41	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		197,163	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,066,885	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