

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: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/20/2014 11:09 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: 5/20/2014 Time: 11:09 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 ST. LOUIS CHILDREN'S HOSPITAL (263301) 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	-41,478	-45,500	0	19,902,198	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-41,478	-45,500	0	19,902,198	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: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/20/2014 11:08 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE CHILDREN'S PLACE	PO Box:							1.00	
2.00	City: ST. LOUIS	State: MO		Zip Code: 63110		County: ST. LOUIS			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	ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									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	ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974				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)							2		21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N				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)									22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	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		
61.06	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		

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.23	75.51	0.053047	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDI ATRICS	2000	1.79	78.29	0.022353	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)	12.77	72.48	0.149795		
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)	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	PEDIATRICS	2000	6.08	77.90	0.072398	67.00
67.01			0.00	0.00	0.000000	67.01
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
					1.00	
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
85.00	TEFRA Providers 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	
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N	93.00
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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
				1.00	2.00	
				3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	781,000	1,828,750		118.01	
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		06/30/1977		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.		06/18/2009		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.		06/18/2009		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.		06/18/2009		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	

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		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK PARKWAY	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.	N		145.00			
				1.00			
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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00		169.00			
		Begining 1.00		Ending 2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		03/31/2013			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/20/2014 11:08 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)	N			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.	N			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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N			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
		Y/N			
		1.00			
PS&R Data					
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
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	05/01/2014	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: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/20/2014 11:08 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00
		N			Y
					21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	CINDY		DERBY	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.	314-362-0616		CAD4924@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)	05/01/2014		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

HFS Supplemental Information		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/20/2014 11:08 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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2014 11:08 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	187	68,255	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)		187	68,255	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	81	29,565	0.00	0	12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		314	114,610	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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)		314				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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2014 11:08 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)	199	5,511	36,036			1.00
2.00 HMO and other (see instructions)	0	11,340				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	199	5,511	36,036			7.00
8.00 INTENSIVE CARE UNIT	23	1,335	7,475			8.00
9.00 CORONARY CARE UNIT	0	711	4,029			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	5,305	22,641			12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	222	12,862	70,181	169.23	2,461.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						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)				169.23	2,461.75	27.00
28.00 Observation Bed Days		297	3,522			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	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: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	34	1,294	10,529	1.00
2.00 HMO and other (see instructions)				0			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 NEONATAL INTENSIVE CARE UNIT							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		34	1,294	10,529	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							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

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	1	0	0	0	0	10	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	7.00	2.00			
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		6.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	5	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						6		11.00		
12.00	Number of patients transplanted during the cost reporting period						6		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00
22.01							0	0	0	0	22.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 263301		Period: 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 5/20/2014 11:08 am							
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	CAP REL COSTS-BLDG & FIXT		0	0	11,009,282	11,009,282	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	17,654,477	17,654,477	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	329,339	2,940,400	3,269,739	-1,223,613	2,046,126	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,526,862	110,366,946	130,893,808	-54,821,908	76,071,900	5.00
6.00 00600	MAINTENANCE & REPAIRS	334,646	1,248,407	1,583,053	-952,190	630,863	6.00
7.00 00700	OPERATION OF PLANT	1,571,724	4,567,822	6,139,546	-705,656	5,433,890	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	173,276	173,276	0	173,276	8.00
9.00 00900	HOUSEKEEPING	3,085,815	2,302,354	5,388,169	-7,442	5,380,727	9.00
10.00 01000	DIETARY	0	0	0	600,351	600,351	10.00
11.00 01100	CAFETERIA	2,486,823	4,867,015	7,353,838	529,835	7,883,673	11.00
13.00 01300	NURSING ADMINISTRATION	4,452,342	2,096,251	6,548,593	-149,591	6,399,002	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,342,149	3,342,149	14.00
15.00 01500	PHARMACY	0	0	0	15,051,009	15,051,009	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,803,271	1,007,192	2,810,463	-14,009	2,796,454	16.00
17.00 01700	SOCIAL SERVICE	1,546,407	1,057,128	2,603,535	-18,308	2,585,227	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,192,295	4,939,268	11,131,563	37,463,518	48,595,081	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	20,055,036	12,009,453	32,064,489	-3,437,678	28,626,811	30.00
31.00 03100	INTENSIVE CARE UNIT	7,728,861	4,062,499	11,791,360	-269,380	11,521,980	31.00
32.00 03200	CORONARY CARE UNIT	4,114,358	2,424,085	6,538,443	-38,146	6,500,297	32.00
35.00 02061	NEONATAL INTENSIVE CARE UNIT	17,511,741	7,496,949	25,008,690	-458,052	24,550,638	35.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	6,757,562	23,883,111	30,640,673	-18,788,577	11,852,096	50.00
51.00 05100	RECOVERY ROOM	1,314,915	485,420	1,800,335	1,521,248	3,321,583	51.00
53.00 05300	ANESTHESIOLOGY	304,401	6,750,492	7,054,893	-1,518,344	5,536,549	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,968,083	2,727,154	5,695,237	-1,328,966	4,366,271	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	469,506	842,209	1,311,715	-92,915	1,218,800	55.00
57.00 05700	CT SCAN	46,623	299,010	345,633	-189,960	155,673	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	527,283	335,395	862,678	-7,100	855,578	58.00
59.00 05900	CARDIAC CATHETERIZATION	789,111	3,598,699	4,387,810	-3,272,838	1,114,972	59.00
60.00 06000	LABORATORY	4,671,319	14,734,306	19,405,625	-589,657	18,815,968	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	473,097	2,834,030	3,307,127	928,029	4,235,156	63.00
65.00 06500	RESPIRATORY THERAPY	3,694,093	4,693,574	8,387,667	-2,640,559	5,747,108	65.00
66.00 06600	PHYSICAL THERAPY	2,613,668	1,303,513	3,917,181	-90,320	3,826,861	66.00
67.00 06700	OCCUPATIONAL THERAPY	911,864	343,692	1,255,556	-29,332	1,226,224	67.00
68.00 06800	SPEECH PATHOLOGY	1,359,171	677,385	2,036,556	-177,412	1,859,144	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,812,252	1,812,252	0	1,812,252	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	467,924	431,730	899,654	-47,804	851,850	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	802,181	4,905,482	5,707,663	8,560,428	14,268,091	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,594,826	11,594,826	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,161,124	21,788,874	27,949,998	-15,635,927	12,314,071	73.00
74.00 07400	RENAL DIALYSIS	606,655	1,209,302	1,815,957	-1,082,913	733,044	74.00
75.00 07500	ASC (NON-DISTINCT PART)	2,256,029	957,634	3,213,663	-22,435	3,191,228	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	3,774,867	7,143,652	10,918,519	-314,551	10,603,968	90.00
91.00 09100	EMERGENCY	6,109,233	4,311,827	10,421,060	-105,043	10,316,017	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	131,005	131,005	-130,078	927	94.00
95.00 09500	AMBULANCE SERVICES	3,564,343	429,596	3,993,939	-97,654	3,896,285	95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	177,195	177,195	0	177,195	105.00
106.00 10600	HEART ACQUISITION	0	1,083,642	1,083,642	0	1,083,642	106.00
107.00 10700	LIVER ACQUISITION	0	416,204	416,204	0	416,204	107.00
108.00 10800	LUNG ACQUISITION	0	498,350	498,350	0	498,350	108.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	1,206,206	1,206,206	0	1,206,206	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	142,382,572	271,569,986	413,952,558	-3,206	413,949,352	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,502	6,502	0	6,502	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	3,457,675	2,610,657	6,068,332	7,024	6,075,356	194.00
194.01 07951	RETAIL PHARMACY	501,163	2,672,699	3,173,862	-3,818	3,170,044	194.01
200.00	TOTAL (SUM OF LINES 118-199)	146,341,410	276,859,844	423,201,254	0	423,201,254	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263301

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

Worksheet A
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	346,585	11,355,867	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	475,766	18,130,243	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,140,828	7,186,954	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,437,253	90,509,153	5.00
6.00	00600	MAINTENANCE & REPAIRS	-199	630,664	6.00
7.00	00700	OPERATION OF PLANT	-1,355	5,432,535	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	173,276	8.00
9.00	00900	HOUSEKEEPING	-28,087	5,352,640	9.00
10.00	01000	DIETARY	0	600,351	10.00
11.00	01100	CAFETERIA	-3,508,951	4,374,722	11.00
13.00	01300	NURSING ADMINISTRATION	-212,719	6,186,283	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,342,149	14.00
15.00	01500	PHARMACY	0	15,051,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-372,911	2,423,543	16.00
17.00	01700	SOCIAL SERVICE	-490,960	2,094,267	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,026,181	45,568,900	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-812,316	27,814,495	30.00
31.00	03100	INTENSIVE CARE UNIT	-10,447	11,511,533	31.00
32.00	03200	CORONARY CARE UNIT	-3,850	6,496,447	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	-43,683	24,506,955	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-196,681	11,655,415	50.00
51.00	05100	RECOVERY ROOM	-44	3,321,539	51.00
53.00	05300	ANESTHESIOLOGY	-5,134,076	402,473	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-68,407	4,297,864	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,218,800	55.00
57.00	05700	CT SCAN	0	155,673	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-50	855,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	-69,647	1,045,325	59.00
60.00	06000	LABORATORY	-1,684,191	17,131,777	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,387	4,267,543	63.00
65.00	06500	RESPIRATORY THERAPY	-3,504	5,743,604	65.00
66.00	06600	PHYSICAL THERAPY	-7,955	3,818,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	-13,502	1,212,722	67.00
68.00	06800	SPEECH PATHOLOGY	-4,092	1,855,052	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,812,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	851,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-644	14,267,447	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,594,826	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-129,303	12,184,768	73.00
74.00	07400	RENAL DIALYSIS	-461	732,583	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-2,128	3,189,100	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-889,955	9,714,013	90.00
91.00	09100	EMERGENCY	-766,785	9,549,232	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	927	94.00
95.00	09500	AMBULANCE SERVICES	27,673	3,923,958	95.00
98.00	09500	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	177,195	105.00
106.00	10600	HEART ACQUISITION	0	1,083,642	106.00
107.00	10700	LIVER ACQUISITION	0	416,204	107.00
108.00	10800	LUNG ACQUISITION	0	498,350	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	1,206,206	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,977,408	416,926,760	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,502	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	6,075,356	194.00
194.01	07951	RETAIL PHARMACY	0	3,170,044	194.01
200.00		TOTAL (SUM OF LINES 118-199)	2,977,408	426,178,662	200.00

COST CENTERS USED IN COST REPORT	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
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
35.00 NEONATAL INTENSIVE CARE UNIT	02061		35.00
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
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
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 PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
98.00 OTHER REIMBURSABLE COST CENTERS	05950		98.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)	08600		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
194.01 RETAIL PHARMACY	07951		194.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,123,126	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	3,123,126	
B - CONVENIENCE CARE					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	26,180	15,677	1.00
TOTALS			26,180	15,677	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	319,968	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	197,124	2.00
TOTALS			0	517,092	
D - OUPTAI TENT TREATMENT ROOM					
1.00	CLINIC	90.00	14,818	8,873	1.00
TOTALS			14,818	8,873	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,031,224	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	635,310	2.00
TOTALS			0	1,666,534	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,658,090	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,698,917	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

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6

Date/Time Prepared:
5/20/2014 11:08 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	23,357,007	
G - PHERESIS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	324,196	615,612	1.00
	TOTALS		324,196	615,612	
H - INFECTION SURVEILLANCE					
1.00	INTENSIVE CARE UNIT	31.00	14,620	24,807	1.00
2.00	CORONARY CARE UNIT	32.00	7,880	13,371	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	44,283	75,137	3.00
	TOTALS		66,783	113,315	
I - LIBRARY					
1.00	INTENSIVE CARE UNIT	31.00	0	14,400	1.00
2.00	CORONARY CARE UNIT	32.00	0	7,761	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	43,615	3.00
	TOTALS		0	65,776	
J - CENTRAL SERVICE					
1.00	CENTRAL SERVICES & SUPPLY	14.00	802,181	2,539,968	1.00
	TOTALS		802,181	2,539,968	
K - PHARMACY					
1.00	PHARMACY	15.00	6,161,124	8,889,885	1.00
	TOTALS		6,161,124	8,889,885	
L - TEACHING SERVICE					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	37,466,489	1.00
	TOTALS		0	37,466,489	
M - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,785	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
	TOTALS		0	31,785	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6

Date/Time Prepared:
5/20/2014 11:08 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
N - DIETARY						
1.00	DIETARY	10.00	203,019	397,332	1.00	
	TOTALS		203,019	397,332		
O - MAINTENANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	740,386	278,619	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		740,386	278,619		
P - PATIENT SERVICE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,099,692	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	14,099,692		
Q - BURN PATIENTS						
1.00	CLINIC	90.00	237,149	172,509	1.00	
	TOTALS		237,149	172,509		
R - EXTENDED RECOVERY						
1.00	RECOVERY ROOM	51.00	951,563	569,820	1.00	
	TOTALS		951,563	569,820		
S - INFUSION						
1.00	CLINIC	90.00	99,916	159,951	1.00	
	TOTALS		99,916	159,951		
T - FAMILY CENTER CARE						
1.00	INTENSIVE CARE UNIT	31.00	8,678	7,837	1.00	
2.00	CORONARY CARE UNIT	32.00	4,677	4,224	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	26,284	23,738	3.00	
	TOTALS		39,639	35,799		
U - CAFETERIA DISCOUNT						
1.00	CAFETERIA	11.00	0	1,219,640	1.00	
	TOTALS		0	1,219,640		
V - INPATIENT CCPD COST						
1.00	RENAL DIALYSIS	74.00	0	130,078	1.00	
	TOTALS		0	130,078		
W - EPOIETIN						
1.00	RENAL DIALYSIS	74.00	0	31,117	1.00	
	TOTALS		0	31,117		
Z - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,594,826	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	
	TOTALS		0	11,594,826		
500.00	Grand Total: Increases		9,666,954	107,100,522	500.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/20/2014 11:08 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,420	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	177,983	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	12,493	0		3.00
4.00	HOUSEKEEPING	9.00	0	107	0		4.00
5.00	CAFETERIA	11.00	0	13,286	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	24,283	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,497	0		7.00
8.00	SOCIAL SERVICE	17.00	0	4,167	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	45,881	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	38,412	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	33,560	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	22,495	0		12.00
13.00	OPERATING ROOM	50.00	0	45,021	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,046	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,561	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	3,082	0		16.00
17.00	LABORATORY	60.00	0	7,912	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	48,907	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	10,952	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	2,892	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	455	0		21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,034,029	0		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	526,418	0		23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	3,676	0		24.00
25.00	CLINIC	90.00	0	11,194	0		25.00
26.00	EMERGENCY	91.00	0	14,089	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	288	0		27.00
28.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	17,571	0		28.00
29.00	RETAIL PHARMACY	194.01	0	449	0		29.00
TOTALS			0	3,123,126			
B - CONVENIENCE CARE							
1.00	ADULTS & PEDIATRICS	30.00	26,180	15,677	0		1.00
TOTALS			26,180	15,677			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	517,092	10		1.00
2.00		0.00	0	0	10		2.00
TOTALS			0	517,092			
D - OUTPATIENT TREATMENT ROOM							
1.00	ADULTS & PEDIATRICS	30.00	14,818	8,873	0		1.00
TOTALS			14,818	8,873			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,666,534	11		1.00
2.00		0.00	0	0	11		2.00
TOTALS			0	1,666,534			
F - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	270	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	15,969,162	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	531,012	9		3.00
4.00	OPERATION OF PLANT	7.00	0	95,145	9		4.00
5.00	HOUSEKEEPING	9.00	0	7,286	9		5.00
6.00	CAFETERIA	11.00	0	75,818	9		6.00
7.00	NURSING ADMINISTRATION	13.00	0	123,911	9		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,505	9		8.00
9.00	SOCIAL SERVICE	17.00	0	13,365	9		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,830	9		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	588,686	9		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	284,473	9		12.00
13.00	CORONARY CARE UNIT	32.00	0	42,354	9		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	438,846	9		14.00
15.00	OPERATING ROOM	50.00	0	1,405,490	9		15.00
16.00	ANESTHESIOLOGY	53.00	0	207,344	9		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,321,585	9		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,489	9		18.00
19.00	CT SCAN	57.00	0	189,960	9		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,652	9		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	794,089	9		21.00
22.00	LABORATORY	60.00	0	347,213	9		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,761	9		23.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/20/2014 11:08 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
24.00	RESPIRATORY THERAPY	65.00	0	204,601	9	24.00
25.00	PHYSICAL THERAPY	66.00	0	43,300	9	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	5,070	9	26.00
27.00	SPEECH PATHOLOGY	68.00	0	38,465	9	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	47,236	9	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	73,751	9	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,158	9	30.00
31.00	RENAL DIALYSIS	74.00	0	44,314	9	31.00
32.00	ASC (NON-DISTINCT PART)	75.00	0	16,634	9	32.00
33.00	CLINIC	90.00	0	198,923	9	33.00
34.00	EMERGENCY	91.00	0	90,624	9	34.00
35.00	AMBULANCE SERVICES	95.00	0	94,574	9	35.00
36.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	6,826	9	36.00
37.00	RETAIL PHARMACY	194.01	0	3,285	9	37.00
	TOTALS		0	23,357,007		
G - PHERESIS						
1.00	RENAL DIALYSIS	74.00	324,196	615,612	0	1.00
	TOTALS		324,196	615,612		
H - INFECTION SURVEILLANCE						
1.00	ADULTS & PEDIATRICS	30.00	66,783	113,315	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		66,783	113,315		
I - LIBRARY						
1.00	ADULTS & PEDIATRICS	30.00	0	65,776	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	65,776		
J - CENTRAL SERVICE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	802,181	2,539,968	0	1.00
	TOTALS		802,181	2,539,968		
K - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,161,124	8,889,885	0	1.00
	TOTALS		6,161,124	8,889,885		
L - TEACHING SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,466,489	0	1.00
	TOTALS		0	37,466,489		
M - TELEPHONE EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	283	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	98	0	2.00
3.00	OPERATION OF PLANT	7.00	0	93	0	3.00
4.00	HOUSEKEEPING	9.00	0	49	0	4.00
5.00	CAFETERIA	11.00	0	350	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,397	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,007	0	7.00
8.00	SOCIAL SERVICE	17.00	0	776	0	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,141	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,383	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	331	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	145	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,486	0	13.00
14.00	OPERATING ROOM	50.00	0	457	0	14.00
15.00	RECOVERY ROOM	51.00	0	135	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	335	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	33	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	107	0	18.00
19.00	LABORATORY	60.00	0	273	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	18	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	57	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	836	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	14	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	363	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	113	0	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22	0	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	219	0	27.00
28.00	RENAL DIALYSIS	74.00	0	119	0	28.00
29.00	ASC (NON-DISTINCT PART)	75.00	0	1,878	0	29.00
30.00	CLINIC	90.00	0	2,625	0	30.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/20/2014 11:08 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
31.00	EMERGENCY	91.00	0	330	0	31.00	
32.00	AMBULANCE SERVICES	95.00	0	2,792	0	32.00	
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	10,436	0	33.00	
34.00	RETAIL PHARMACY	194.01	0	84	0	34.00	
	TOTALS		0	31,785			
N - DIETARY							
1.00	CAFETERIA	11.00	203,019	397,332	0	1.00	
	TOTALS		203,019	397,332			
O - MAINTENANCE							
1.00	MAINTENANCE & REPAIRS	6.00	129,968	278,619	0	1.00	
2.00	OPERATION OF PLANT	7.00	610,418	0	0	2.00	
	TOTALS		740,386	278,619			
P - PATIENT SERVICE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	558,265	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	16,506	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	208,282	0	3.00	
4.00	OPERATING ROOM	50.00	0	7,695,422	0	4.00	
5.00	ANESTHESIOLOGY	53.00	0	1,300,960	0	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	84,832	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,448	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	1,291,431	0	8.00	
9.00	LABORATORY	60.00	0	234,259	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	2,386,994	0	10.00	
11.00	PHYSICAL THERAPY	66.00	0	35,232	0	11.00	
12.00	OCCUPATIONAL THERAPY	67.00	0	24,248	0	12.00	
13.00	SPEECH PATHOLOGY	68.00	0	27,957	0	13.00	
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	6	0	14.00	
15.00	ASC (NON-DISTINCT PART)	75.00	0	247	0	15.00	
16.00	CLINIC	90.00	0	233,603	0	16.00	
	TOTALS		0	14,099,692			
Q - BURN PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	237,149	172,509	0	1.00	
	TOTALS		237,149	172,509			
R - EXTENDED RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	951,563	569,820	0	1.00	
	TOTALS		951,563	569,820			
S - INFUSION							
1.00	RENAL DIALYSIS	74.00	99,916	159,951	0	1.00	
	TOTALS		99,916	159,951			
T - FAMILY CENTER CARE							
1.00	ADMINISTRATIVE & GENERAL	5.00	39,639	35,799	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		39,639	35,799			
U - CAFETERIA DISCOUNT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,219,640	0	1.00	
	TOTALS		0	1,219,640			
V - INPATIENT CCPD COST							
1.00	HOME PROGRAM DIALYSIS	94.00	0	130,078	0	1.00	
	TOTALS		0	130,078			
W - EPOIETIN							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,117	0	1.00	
	TOTALS		0	31,117			
Z - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	9,642,187	0	1.00	
2.00	ANESTHESIOLOGY	53.00	0	10,040	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	1,184,129	0	3.00	
4.00	SPEECH PATHOLOGY	68.00	0	107,735	0	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	89,313	0	5.00	
6.00	CLINIC	90.00	0	561,422	0	6.00	
	TOTALS		0	11,594,826			
500.00	Grand Total: Decreases		9,666,954	107,100,522		500.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/20/2014 11:08 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - RENTAL EXPENSE						
1.00			0			1.00
2.00			0			2.00
3.00			0			3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00			0			10.00
11.00			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			0			18.00
19.00			0			19.00
20.00			0			20.00
21.00			0			21.00
22.00			0			22.00
23.00			0			23.00
24.00			0			24.00
25.00			0			25.00
26.00			0			26.00
27.00			0			27.00
28.00			0			28.00
29.00			0			29.00
TOTALS			TOTALS			0
B - CONVENIENCE CARE						
1.00			ADULTS & PEDIATRICS			1.00
OTHER NONREIMBURSABLE COST CENTERS						
TOTALS			TOTALS			26,180
C - PROPERTY INSURANCE						
1.00			0			1.00
2.00			0			2.00
TOTALS			TOTALS			0
D - OUTPATIENT TREATMENT ROOM						
1.00			ADULTS & PEDIATRICS			1.00
CLINIC						
TOTALS			TOTALS			14,818
E - INTEREST EXPENSE						
1.00			0			1.00
2.00			0			2.00
TOTALS			TOTALS			0
F - DEPRECIATION						
1.00			0			1.00
2.00			0			2.00
3.00			0			3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00			0			10.00
11.00			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			0			18.00
19.00			0			19.00
20.00			0			20.00
21.00			0			21.00
22.00			0			22.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/20/2014 11:08 am

Increases				Decreases				
Cost Center	Line #	Salary		Cost Center	Line #	Salary		
2.00	3.00	4.00		6.00	7.00	8.00		
23.00	0.00			BLOOD STORING, PROCESSING & TRANS.	63.00		23.00	
24.00	0.00			RESPIRATORY THERAPY	65.00		24.00	
25.00	0.00			PHYSICAL THERAPY	66.00		25.00	
26.00	0.00			OCCUPATIONAL THERAPY	67.00		26.00	
27.00	0.00			SPEECH PATHOLOGY	68.00		27.00	
28.00	0.00			ELECTROENCEPHALOGRAPHY	70.00		28.00	
29.00	0.00			MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		29.00	
30.00	0.00			DRUGS CHARGED TO PATIENTS	73.00		30.00	
31.00	0.00			RENAL DIALYSIS	74.00		31.00	
32.00	0.00			ASC (NON-DISTINCT PART)	75.00		32.00	
33.00	0.00			CLINIC	90.00		33.00	
34.00	0.00			EMERGENCY	91.00		34.00	
35.00	0.00			AMBULANCE SERVICES	95.00		35.00	
36.00	0.00			OTHER NONREIMBURSABLE COST CENTERS	194.00		36.00	
37.00	0.00			RETAIL PHARMACY	194.01		37.00	
TOTALS				TOTALS				0
G - PHERESIS								
1.00	63.00	324,196		RENAL DIALYSIS	74.00	324,196	1.00	
TOTALS				TOTALS				324,196
H - INFECTION SURVEILLANCE								
1.00	31.00	14,620		ADULTS & PEDIATRICS	30.00	66,783	1.00	
2.00	32.00	7,880			0.00	0	2.00	
3.00	35.00	44,283			0.00	0	3.00	
TOTALS				TOTALS				66,783
I - LIBRARY								
1.00	31.00	0		ADULTS & PEDIATRICS	30.00	0	1.00	
2.00	32.00	0			0.00	0	2.00	
3.00	35.00	0			0.00	0	3.00	
TOTALS				TOTALS				0
J - CENTRAL SERVICE								
1.00	14.00	802,181		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	802,181	1.00	
TOTALS				TOTALS				802,181
K - PHARMACY								
1.00	15.00	6,161,124		DRUGS CHARGED TO PATIENTS	73.00	6,161,124	1.00	
TOTALS				TOTALS				6,161,124
L - TEACHING SERVICE								
1.00	22.00	0		ADMINISTRATIVE & GENERAL	5.00	0	1.00	
TOTALS				TOTALS				0
M - TELEPHONE EXPENSE								
1.00	5.00	0		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00	
2.00	0.00	0		MAINTENANCE & REPAIRS	6.00	0	2.00	
3.00	0.00	0		OPERATION OF PLANT	7.00	0	3.00	
4.00	0.00	0		HOUSEKEEPING	9.00	0	4.00	
5.00	0.00	0		CAFETERIA	11.00	0	5.00	
6.00	0.00	0		NURSING ADMINISTRATION	13.00	0	6.00	
7.00	0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	7.00	
8.00	0.00	0		SOCIAL SERVICE	17.00	0	8.00	
9.00	0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	9.00	
10.00	0.00	0		ADULTS & PEDIATRICS	30.00	0	10.00	
11.00	0.00	0		INTENSIVE CARE UNIT	31.00	0	11.00	
12.00	0.00	0		CORONARY CARE UNIT	32.00	0	12.00	
13.00	0.00	0		NEONATAL INTENSIVE CARE UNIT	35.00	0	13.00	
14.00	0.00	0		OPERATING ROOM	50.00	0	14.00	
15.00	0.00	0		RECOVERY ROOM	51.00	0	15.00	
16.00	0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	16.00	
17.00	0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	17.00	
18.00	0.00	0		CARDIAC CATHETERIZATION	59.00	0	18.00	
19.00	0.00	0		LABORATORY	60.00	0	19.00	
20.00	0.00	0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	20.00	
21.00	0.00	0		RESPIRATORY THERAPY	65.00	0	21.00	
22.00	0.00	0		PHYSICAL THERAPY	66.00	0	22.00	
23.00	0.00	0		OCCUPATIONAL THERAPY	67.00	0	23.00	
24.00	0.00	0		SPEECH PATHOLOGY	68.00	0	24.00	
25.00	0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	25.00	
26.00	0.00	0		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26.00	

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/20/2014 11:08 am

Increases				Decreases				
Cost Center	Line #	Salary		Cost Center	Line #	Salary		
2.00	3.00	4.00		6.00	7.00	8.00		
27.00	0.00			DRUGS CHARGED TO PATIENTS	73.00		27.00	
28.00	0.00			RENAL DIALYSIS	74.00		28.00	
29.00	0.00			ASC (NON-DISTINCT PART)	75.00		29.00	
30.00	0.00			CLINIC	90.00		30.00	
31.00	0.00			EMERGENCY	91.00		31.00	
32.00	0.00			AMBULANCE SERVICES	95.00		32.00	
33.00	0.00			OTHER NONREIMBURSABLE COST CENTERS	194.00		33.00	
34.00	0.00			RETAIL PHARMACY	194.01		34.00	
TOTALS				TOTALS				0
N - DIETARY								
1.00	DIETARY	10.00	203,019	CAFETERIA	11.00	203,019	1.00	
TOTALS				TOTALS				203,019
O - MAINTENANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	740,386	MAINTENANCE & REPAIRS	6.00	129,968	1.00	
2.00		0.00		OPERATION OF PLANT	7.00	610,418	2.00	
TOTALS				TOTALS				740,386
P - PATIENT SERVICE SUPPLIES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		ADULTS & PEDIATRICS	30.00		1.00	
2.00		0.00		INTENSIVE CARE UNIT	31.00		2.00	
3.00		0.00		NEONATAL INTENSIVE CARE UNIT	35.00		3.00	
4.00		0.00		OPERATING ROOM	50.00		4.00	
5.00		0.00		ANESTHESIOLOGY	53.00		5.00	
6.00		0.00		RADIOLOGY-THERAPEUTIC	55.00		6.00	
7.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00		7.00	
8.00		0.00		CARDIAC CATHETERIZATION	59.00		8.00	
9.00		0.00		LABORATORY	60.00		9.00	
10.00		0.00		RESPIRATORY THERAPY	65.00		10.00	
11.00		0.00		PHYSICAL THERAPY	66.00		11.00	
12.00		0.00		OCCUPATIONAL THERAPY	67.00		12.00	
13.00		0.00		SPEECH PATHOLOGY	68.00		13.00	
14.00		0.00		DRUGS CHARGED TO PATIENTS	73.00		14.00	
15.00		0.00		ASC (NON-DISTINCT PART)	75.00		15.00	
16.00		0.00		CLINIC	90.00		16.00	
TOTALS				TOTALS				0
Q - BURN PATIENTS								
1.00	CLINIC	90.00	237,149	ADULTS & PEDIATRICS	30.00	237,149	1.00	
TOTALS				TOTALS				237,149
R - EXTENDED RECOVERY								
1.00	RECOVERY ROOM	51.00	951,563	ADULTS & PEDIATRICS	30.00	951,563	1.00	
TOTALS				TOTALS				951,563
S - INFUSION								
1.00	CLINIC	90.00	99,916	RENAL DIALYSIS	74.00	99,916	1.00	
TOTALS				TOTALS				99,916
T - FAMILY CENTER CARE								
1.00	INTENSIVE CARE UNIT	31.00	8,678	ADMINISTRATIVE & GENERAL	5.00	39,639	1.00	
2.00	CORONARY CARE UNIT	32.00	4,677		0.00	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	26,284		0.00	0	3.00	
TOTALS				TOTALS				39,639
U - CAFETERIA DISCOUNT								
1.00	CAFETERIA	11.00		EMPLOYEE BENEFITS DEPARTMENT	4.00		1.00	
TOTALS				TOTALS				0
V - INPATIENT CCPD COST								
1.00	RENAL DIALYSIS	74.00		HOME PROGRAM DIALYSIS	94.00		1.00	
TOTALS				TOTALS				0
W - EPOIETIN								
1.00	RENAL DIALYSIS	74.00		DRUGS CHARGED TO PATIENTS	73.00		1.00	
TOTALS				TOTALS				0
Z - IMPLANTABLE DEVICES								
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		OPERATING ROOM	50.00		1.00	
2.00		0.00		ANESTHESIOLOGY	53.00		2.00	
3.00		0.00		CARDIAC CATHETERIZATION	59.00		3.00	
4.00		0.00		SPEECH PATHOLOGY	68.00		4.00	
5.00		0.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		5.00	
6.00		0.00		CLINIC	90.00		6.00	
TOTALS				TOTALS				0
500.00	Grand Total: Increases		9,666,954	Grand Total: Decreases		9,666,954	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part I
Date/Time Prepared:
5/20/2014 11:08 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	6,508,366	0	0	0	0	1.00
2.00	Land Improvements	0	25,562	0	25,562	0	2.00
3.00	Buildings and Fixtures	318,827,736	2,101,157	0	2,101,157	0	3.00
4.00	Building Improvements	18,807,191	1,132,176	0	1,132,176	0	4.00
5.00	Fixed Equipment	1,132,720	719,998	0	719,998	0	5.00
6.00	Movable Equipment	192,849,932	18,983,805	0	18,983,805	1,405,747	6.00
7.00	HIT designated Assets	0	1,744,712	0	1,744,712	0	7.00
8.00	Subtotal (sum of lines 1-7)	538,125,945	24,707,410	0	24,707,410	1,405,747	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	538,125,945	24,707,410	0	24,707,410	1,405,747	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,508,366	0				1.00
2.00	Land Improvements	25,562	0				2.00
3.00	Buildings and Fixtures	320,928,893	0				3.00
4.00	Building Improvements	19,939,367	0				4.00
5.00	Fixed Equipment	1,852,718	0				5.00
6.00	Movable Equipment	210,427,990	0				6.00
7.00	HIT designated Assets	1,744,712	0				7.00
8.00	Subtotal (sum of lines 1-7)	561,427,608	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	561,427,608	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Part II
Date/Time Prepared:
5/20/2014 11:08 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 263301

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

Worksheet A-7
Part III
Date/Time Prepared:
5/20/2014 11:08 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	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,658,090	319,968	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	13,698,917	3,320,250	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,357,007	3,640,218	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,377,809	11,355,867	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,111,076	18,130,243	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,488,885	29,486,110	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/20/2014 11:08 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,031,224	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-635,310	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)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,469,179				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	35,333,901				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-3,456,918	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-372,733	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-48,350	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 NON ALLOWED DEPRECIATION	A	-2,579,340	ADMINISTRATIVE & GENERAL		5.00	0	33.00

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/20/2014 11:08 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	3.00	
33.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.01
34.00 OTHER OPERATING REVENUE	B	-4,800	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00
34.03 OTHER OPERATING REVENUE	B	-7,898,915	ADMINISTRATIVE & GENERAL		5.00	0 34.03
34.04 OTHER OPERATING REVENUE	B	-27,453	HOUSEKEEPING		9.00	0 34.04
34.05 OTHER OPERATING REVENUE	B	-204,183	NURSING ADMINISTRATION		13.00	0 34.05
34.06 OTHER OPERATING REVENUE	B	-490,039	SOCIAL SERVICE		17.00	0 34.06
34.07 OTHER OPERATING REVENUE	B	-635,041	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 34.07
34.08 OTHER OPERATING REVENUE	B	-501,947	ADULTS & PEDIATRICS		30.00	0 34.08
34.09 OTHER OPERATING REVENUE	B	-8,980	INTENSIVE CARE UNIT		31.00	0 34.09
34.10 OTHER OPERATING REVENUE	B	-2,186	CORONARY CARE UNIT		32.00	0 34.10
34.11 OTHER OPERATING REVENUE	B	-32,999	NEONATAL INTENSIVE CARE UNIT		35.00	0 34.11
34.12 OTHER OPERATING REVENUE	B	-1,900	OPERATING ROOM		50.00	0 34.12
34.13 OTHER OPERATING REVENUE	B	-65,237	RADIOLOGY-DIAGNOSTIC		54.00	0 34.13
34.14 OTHER OPERATING REVENUE	B	-3,274	CARDIAC CATHETERIZATION		59.00	0 34.14
34.15 OTHER OPERATING REVENUE	B	-599	RESPIRATORY THERAPY		65.00	0 34.15
34.16 OTHER OPERATING REVENUE	B	-6,955	PHYSICAL THERAPY		66.00	0 34.16
34.17 OTHER OPERATING REVENUE	B	-13,502	OCCUPATIONAL THERAPY		67.00	0 34.17
34.18 OTHER OPERATING REVENUE	B	-3,942	SPEECH PATHOLOGY		68.00	0 34.18
34.19 OTHER OPERATING REVENUE	B	-130,606	DRUGS CHARGED TO PATIENTS		73.00	0 34.19
34.20 OTHER OPERATING REVENUE	B	-461	RENAL DIALYSIS		74.00	0 34.20
34.21 OTHER OPERATING REVENUE	B	-401,118	CLINIC		90.00	0 34.21
34.22 OTHER OPERATING REVENUE	B	-3,840	AMBULANCE SERVICES		95.00	0 34.22
35.00 ENTERTAINMENT EXPENSE	B	-1,262	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 35.00
35.01 ENTERTAINMENT EXPENSE	B	-433,656	ADMINISTRATIVE & GENERAL		5.00	0 35.01
35.02 ENTERTAINMENT EXPENSE	B	-199	MAINTENANCE & REPAIRS		6.00	0 35.02
35.03 ENTERTAINMENT EXPENSE	B	-1,355	OPERATION OF PLANT		7.00	0 35.03
35.04 ENTERTAINMENT EXPENSE	B	-634	HOUSEKEEPING		9.00	0 35.04
35.05 ENTERTAINMENT EXPENSE	B	-3,683	CAFETERIA		11.00	0 35.05
35.06 ENTERTAINMENT EXPENSE	B	-8,536	NURSING ADMINISTRATION		13.00	0 35.06
35.07 ENTERTAINMENT EXPENSE	B	-178	MEDICAL RECORDS & LIBRARY		16.00	0 35.07
35.08 ENTERTAINMENT EXPENSE	B	-921	SOCIAL SERVICE		17.00	0 35.08
35.09 ENTERTAINMENT EXPENSE	B	-50,343	ADULTS & PEDIATRICS		30.00	0 35.09
35.10 ENTERTAINMENT EXPENSE	B	-1,467	INTENSIVE CARE UNIT		31.00	0 35.10
35.11 ENTERTAINMENT EXPENSE	B	-1,664	CORONARY CARE UNIT		32.00	0 35.11
35.12 ENTERTAINMENT EXPENSE	B	-10,684	NEONATAL INTENSIVE CARE UNIT		35.00	0 35.12
35.13 ENTERTAINMENT EXPENSE	B	-5,943	OPERATING ROOM		50.00	0 35.13
35.14 ENTERTAINMENT EXPENSE	B	-44	RECOVERY ROOM		51.00	0 35.14
35.15 ENTERTAINMENT EXPENSE	B	-3,170	RADIOLOGY-DIAGNOSTIC		54.00	0 35.15
35.16 ENTERTAINMENT EXPENSE	B	-50	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 35.16
35.17 ENTERTAINMENT EXPENSE	B	-2,905	RESPIRATORY THERAPY		65.00	0 35.17
35.18 ENTERTAINMENT EXPENSE	B	-1,000	PHYSICAL THERAPY		66.00	0 35.18
35.19 ENTERTAINMENT EXPENSE	B	-150	SPEECH PATHOLOGY		68.00	0 35.19
35.20 ENTERTAINMENT EXPENSE	B	-644	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0 35.20
35.21 ENTERTAINMENT EXPENSE	B	1,303	DRUGS CHARGED TO PATIENTS		73.00	0 35.21
35.22 ENTERTAINMENT EXPENSE	B	-2,128	ASC (NON-DISTINCT PART)		75.00	0 35.22
35.23 ENTERTAINMENT EXPENSE	B	-5,087	CLINIC		90.00	0 35.23
35.24 ENTERTAINMENT EXPENSE	B	-2,586	EMERGENCY		91.00	0 35.24
35.25 ENTERTAINMENT EXPENSE	B	-15,776	AMBULANCE SERVICES		95.00	0 35.25
36.00 NON PATIENT CARE	B	-52,472	ADMINISTRATIVE & GENERAL		5.00	0 36.00
36.01 NON PATIENT CARE	B	-105	ADULTS & PEDIATRICS		30.00	0 36.01
36.02 NON PATIENT CARE	B	-146	CLINIC		90.00	0 36.02
37.00 FRA	A	25,207,756	ADMINISTRATIVE & GENERAL		5.00	0 37.00
38.00 PENSION EXPENSE	B	-10,976	ADMINISTRATIVE & GENERAL		5.00	0 38.00
39.00 MALPRACTICE	B	-781,000	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00 CONTRIBUTIONS	B	-26,492,989	ADMINISTRATIVE & GENERAL		5.00	0 40.00
41.00 LOBBYING	B	-127,423	ADMINISTRATIVE & GENERAL		5.00	0 41.00
42.00 ADVERTISING	B	-1,689,642	ADMINISTRATIVE & GENERAL		5.00	0 42.00
43.00 COST OF ED AT PARKLAND	A	187,864	EMERGENCY		91.00	0 43.00
44.00 RESEARCH & DEVELOPMENT	B	-13,567	ADMINISTRATIVE & GENERAL		5.00	0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,977,408				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1
			Date/Time Prepared: 5/20/2014 11:08 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	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1,377,809	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,111,076	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY-HO	739,425	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	OTHER EXPENSE-HO	4,418,991	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY-HO	17,739,460	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-HO	11,661,661	0 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE-TFC	1,513,940	1,777,799 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	BJH COH SPACE	222,215	0 4.04
4.05	50.00	OPERATING ROOM	OTHER EXPENSE-LI THOTRIPSY	486	2,475 4.05
4.06	59.00	CARDIAC CATHETERIZATION	OTHER EXPENSE-AFFILIATE	151,465	217,838 4.06
4.07	60.00	LABORATORY	OTHER EXPENSE-AFFILIATE	1,806,085	3,490,276 4.07
4.08	63.00	BLOOD STORING, PROCESSING &	OTHER EXPENSE-AFFILIATE	37,311	4,924 4.08
4.09	95.00	AMBULANCE SERVICES	OTHER EXPENSE-AFFILIATE	96,686	49,397 4.09
5.00	0		0	40,876,610	5,542,709 5.00

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

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

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

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

6.00	B	BJC HEALTHCARE	0.01	BJC HEALTHCARE	0.01	6.00
7.00	G	JOINT VENTURE	0.01	TELEPHONE FAC	0.01	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:	JOINT VENTURE				100.00

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

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

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2014 11:08 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	1,377,809	14		1.00
2.00	1,111,076	14		2.00
3.00	739,425	0		3.00
4.00	4,418,991	0		4.00
4.01	17,739,460	0		4.01
4.02	11,661,661	0		4.02
4.03	-263,859	0		4.03
4.04	222,215	0		4.04
4.05	-1,989	0		4.05
4.06	-66,373	0		4.06
4.07	-1,684,191	0		4.07
4.08	32,387	0		4.08
4.09	47,289	0		4.09
5.00	35,333,901			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00	COMMUNICATIONS		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: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2014 11:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	11,526	11,526	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	50,000	50,000	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,391,140	2,391,140	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	259,921	259,921	0	0	0	4.00
5.00	50.00	OPERATING ROOM	186,849	186,849	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	5,134,076	5,134,076	0	0	0	6.00
7.00	90.00	CLINIC	483,604	483,604	0	0	0	7.00
8.00	91.00	EMERGENCY	952,063	952,063	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,469,179	9,469,179	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	11,526		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	50,000		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,391,140		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	259,921		4.00
5.00	50.00	OPERATING ROOM	0	0	0	186,849		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	5,134,076		6.00
7.00	90.00	CLINIC	0	0	0	483,604		7.00
8.00	91.00	EMERGENCY	0	0	0	952,063		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	9,469,179		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	11,355,867	11,355,867			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	18,130,243		18,130,243		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,186,954	21,134	33,742	7,241,830	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	90,509,153	4,410,335	7,041,335	1,722,239	103,683,062
6.00 00600	MAINTENANCE & REPAIRS	630,664	91,131	145,495	9,054	876,344
7.00 00700	OPERATION OF PLANT	5,432,535	214,332	342,193	42,521	6,031,581
8.00 00800	LAUNDRY & LINEN SERVICE	173,276	37,656	60,120	0	271,052
9.00 00900	HOUSEKEEPING	5,352,640	0	0	136,495	5,489,135
10.00 01000	DIETARY	600,351	148,930	237,775	8,980	996,036
11.00 01100	CAFETERIA	4,374,722	279,825	446,755	101,020	5,202,322
13.00 01300	NURSING ADMINISTRATION	6,186,283	59,150	94,437	196,940	6,536,810
14.00 01400	CENTRAL SERVICES & SUPPLY	3,342,149	0	0	35,483	3,377,632
15.00 01500	PHARMACY	15,051,009	0	0	272,525	15,323,534
16.00 01600	MEDICAL RECORDS & LIBRARY	2,423,543	107,040	170,895	79,764	2,781,242
17.00 01700	SOCIAL SERVICE	2,094,267	95,527	152,514	68,402	2,410,710
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,568,900	65,096	103,929	273,904	46,011,829
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,814,495	1,697,633	2,710,360	829,747	33,052,235
31.00 03100	INTENSIVE CARE UNIT	11,511,533	224,512	358,445	342,901	12,437,391
32.00 03200	CORONARY CARE UNIT	6,496,447	313,643	500,748	182,546	7,493,384
35.00 02061	NEONATAL INTENSIVE CARE UNIT	24,506,955	554,731	885,657	777,718	26,725,061
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,655,415	464,735	741,974	298,907	13,161,031
51.00 05100	RECOVERY ROOM	3,321,539	73,582	117,478	100,253	3,612,852
53.00 05300	ANESTHESIOLOGY	402,473	0	0	13,465	415,938
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,297,864	180,154	287,625	131,287	4,896,930
55.00 05500	RADIOLOGY-THERAPEUTIC	1,218,800	40,917	65,326	20,768	1,345,811
57.00 05700	CT SCAN	155,673	9,982	15,936	2,062	183,653
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	855,528	34,773	55,517	23,323	969,141
59.00 05900	CARDIAC CATHETERIZATION	1,045,325	78,537	125,388	34,905	1,284,155
60.00 06000	LABORATORY	17,131,777	216,512	345,674	206,626	17,900,589
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	4,267,543	15,279	24,393	35,267	4,342,482
65.00 06500	RESPIRATORY THERAPY	5,743,604	63,312	101,082	163,401	6,071,399
66.00 06600	PHYSICAL THERAPY	3,818,906	252,727	403,492	115,610	4,590,735
67.00 06700	OCCUPATIONAL THERAPY	1,212,722	0	0	40,334	1,253,056
68.00 06800	SPEECH PATHOLOGY	1,855,052	55,024	87,849	60,120	2,058,045
69.00 06900	ELECTROCARDIOLOGY	1,812,252	0	0	0	1,812,252
70.00 07000	ELECTROENCEPHALOGRAPHY	851,850	30,179	48,182	20,698	950,909
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,267,447	234,331	374,123	0	14,875,901
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,594,826	0	0	0	11,594,826
73.00 07300	DRUGS CHARGED TO PATIENTS	12,184,768	105,743	168,824	0	12,459,335
74.00 07400	RENAL DIALYSIS	732,583	56,268	89,834	8,074	886,759
75.00 07500	ASC (NON-DISTINCT PART)	3,189,100	234,025	373,634	99,791	3,896,550
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,714,013	413,584	660,309	182,539	10,970,445
91.00 09100	EMERGENCY	9,549,232	308,382	492,348	270,230	10,620,192
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	927	0	0	0	927
95.00 09500	AMBULANCE SERVICES	3,923,958	24,792	39,581	157,662	4,145,993
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	177,195	0	0	0	177,195
106.00 10600	HEART ACQUISITION	1,083,642	0	0	0	1,083,642
107.00 10700	LIVER ACQUISITION	416,204	0	0	0	416,204
108.00 10800	LUNG ACQUISITION	498,350	0	0	0	498,350
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,206,206	0	0	0	1,206,206
118.00	SUBTOTALS (SUM OF LINES 1-117)	416,926,760	11,213,513	17,902,969	7,065,561	416,380,863
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,783	28,391	0	46,174
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,502	0	0	0	6,502
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	6,075,356	113,238	180,790	154,101	6,523,485
194.01 07951	RETAIL PHARMACY	3,170,044	11,333	18,093	22,168	3,221,638
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	426,178,662	11,355,867	18,130,243	7,241,830	426,178,662

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	103,683,062				5.00
6.00	00600	MAINTENANCE & REPAIRS	281,746	1,158,090			6.00
7.00	00700	OPERATION OF PLANT	1,939,165	36,325	8,007,071		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	87,144	6,382	45,553	410,131	8.00
9.00	00900	HOUSEKEEPING	1,764,768	0	0	0	7,253,903
10.00	01000	DIETARY	320,228	25,240	180,164	0	164,151
11.00	01100	CAFETERIA	1,672,557	47,424	338,510	0	308,424
13.00	01300	NURSING ADMINISTRATION	2,101,597	10,025	71,556	0	65,196
14.00	01400	CENTRAL SERVICES & SUPPLY	1,085,915	0	0	0	0
15.00	01500	PHARMACY	4,926,547	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	894,175	18,141	129,489	0	117,980
17.00	01700	SOCIAL SERVICE	775,048	16,190	115,561	0	105,290
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	14,792,975	11,032	78,748	0	71,749
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,626,360	287,711	2,053,665	249,744	1,871,136
31.00	03100	INTENSIVE CARE UNIT	3,998,646	38,050	271,597	29,467	247,458
32.00	03200	CORONARY CARE UNIT	2,409,138	53,156	379,421	31,906	345,698
35.00	02061	NEONATAL INTENSIVE CARE UNIT	8,592,161	94,015	671,070	38,793	611,426
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,231,298	78,762	562,200	7,528	512,232
51.00	05100	RECOVERY ROOM	1,161,539	12,471	89,014	1,862	81,102
53.00	05300	ANESTHESIOLOGY	133,725	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,574,373	30,532	217,936	11,950	198,566
55.00	05500	RADIOLOGY-THERAPEUTIC	432,681	6,935	49,498	1,110	45,099
57.00	05700	CT SCAN	59,045	1,692	12,075	0	11,002
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	311,581	5,893	42,066	7,580	38,327
59.00	05900	CARDIAC CATHETERIZATION	412,858	13,310	95,008	4,849	86,564
60.00	06000	LABORATORY	5,755,075	36,694	261,920	0	238,641
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,396,117	2,589	18,483	0	16,840
65.00	06500	RESPIRATORY THERAPY	1,951,967	10,730	76,590	0	69,783
66.00	06600	PHYSICAL THERAPY	1,475,930	42,832	305,729	2,561	278,556
67.00	06700	OCCUPATIONAL THERAPY	402,860	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	661,666	9,325	66,564	0	60,648
69.00	06900	ELECTROCARDIOLOGY	582,643	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	305,719	5,115	36,508	192	33,263
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,782,632	39,714	283,476	0	258,281
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,727,760	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,005,701	17,921	127,919	0	116,550
74.00	07400	RENAL DIALYSIS	285,095	9,536	68,068	199	62,018
75.00	07500	ASC (NON-DISTINCT PART)	1,252,749	39,662	283,105	3,174	257,943
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,527,020	70,094	500,322	5,219	455,854
91.00	09100	EMERGENCY	3,414,413	52,264	373,057	13,997	339,899
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	298	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,332,945	4,202	29,991	0	27,325
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	56,969	0	0	0	0
106.00	10600	HEART ACQUISITION	348,393	0	0	0	0
107.00	10700	LIVER ACQUISITION	133,810	0	0	0	0
108.00	10800	LUNG ACQUISITION	160,221	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	387,798	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	100,533,051	1,133,964	7,834,863	410,131	7,097,001
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,845	3,014	21,512	0	19,600
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,090	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,097,313	19,191	136,986	0	124,811
194.01	07951	RETAIL PHARMACY	1,035,763	1,921	13,710	0	12,491
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	103,683,062	1,158,090	8,007,071	410,131	7,253,903

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,685,819					10.00
11.00	01100	931,988	8,501,225				11.00
13.00	01300	0	244,991	9,030,175			13.00
14.00	01400	0	0	0	4,463,547		14.00
15.00	01500	0	0	0	0	20,250,081	15.00
16.00	01600	0	181,080	0	0	0	16.00
17.00	01700	0	117,519	0	0	0	17.00
22.00	02200	0	511,348	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	104,323	1,766,065	2,569,672	0	0	30.00
31.00	03100	21,640	519,453	1,065,087	0	0	31.00
32.00	03200	11,663	304,207	660,677	0	0	32.00
35.00	02061	0	1,122,014	1,894,086	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	407,666	805,286	0	0	50.00
51.00	05100	0	77,690	174,135	0	0	51.00
53.00	05300	0	37,170	0	0	0	53.00
54.00	05400	0	231,247	0	0	0	54.00
55.00	05500	0	29,842	41,214	0	0	55.00
57.00	05700	0	2,858	0	0	0	57.00
58.00	05800	0	36,087	0	0	0	58.00
59.00	05900	0	48,491	74,165	0	0	59.00
60.00	06000	0	378,341	91	0	0	60.00
63.00	06300	0	31,815	0	0	0	63.00
65.00	06500	0	288,116	0	0	0	65.00
66.00	06600	0	195,372	22,949	0	0	66.00
67.00	06700	0	63,205	0	0	0	67.00
68.00	06800	0	98,602	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	50,119	0	0	0	70.00
71.00	07100	0	95,997	46	2,410,315	0	71.00
72.00	07200	0	0	0	2,053,232	0	72.00
73.00	07300	0	331,316	0	0	20,250,081	73.00
74.00	07400	0	38,982	67,669	0	0	74.00
75.00	07500	0	133,279	237,666	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	257,122	268,566	0	0	90.00
91.00	09100	0	420,776	635,699	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	213,652	363,822	0	0	95.00
98.00	09500	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		1,069,614	8,234,422	8,880,830	4,463,547	20,250,081	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	616,205	236,335	149,345	0	0	194.00
194.01	07951	0	30,468	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,685,819	8,501,225	9,030,175	4,463,547	20,250,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,122,107					16.00
17.00 01700 SOCIAL SERVICE	0	3,540,318				17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	61,477,681			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	109,287	1,257,207	18,731,052	72,678,457	-18,731,052	30.00
31.00 03100 INTENSIVE CARE UNIT	22,676	260,898	5,115,148	24,027,511	-5,115,148	31.00
32.00 03200 CORONARY CARE UNIT	12,225	140,483	2,441,587	14,283,545	-2,441,587	32.00
35.00 02061 NEONATAL INTENSIVE CARE UNIT	68,668	789,837	6,585,886	47,193,017	-6,585,886	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	5,572,255	25,338,258	-5,572,255	50.00
51.00 05100 RECOVERY ROOM	0	0	0	5,210,665	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	586,833	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	2,356,022	9,517,556	-2,356,022	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	846,008	2,798,198	-846,008	55.00
57.00 05700 CT SCAN	0	0	0	270,325	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,410,675	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,444,964	3,464,364	-1,444,964	59.00
60.00 06000 LABORATORY	0	0	0	24,571,351	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,808,326	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	8,468,585	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,914,664	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,719,121	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,954,850	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	2,394,895	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	378,205	1,760,030	-378,205	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,746,362	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,375,818	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	37,308,823	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,418,326	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	25,288	0	1,505,456	7,634,872	-1,505,456	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2,664,993	0	11,239,368	29,959,003	-11,239,368	90.00
91.00 09100 EMERGENCY	1,218,970	1,091,893	5,261,730	23,442,890	-5,261,730	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	1,225	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	6,117,930	0	95.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	234,164	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	1,432,035	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	550,014	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	658,571	0	108.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	1,594,004	0	112.00
118.00	4,122,107	3,540,318	61,477,681	411,845,263	-61,477,681	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	105,145	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	8,592	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	9,903,671	0	194.00
194.01 07951 RETAIL PHARMACY	0	0	0	4,315,991	0	194.01
200.00				0	0	200.00
201.00				0	0	201.00
202.00	4,122,107	3,540,318	61,477,681	426,178,662	-61,477,681	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
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
35.00	02061	NEONATAL INTENSIVE CARE UNIT	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	105.00
106.00	10600	HEART ACQUISITION	106.00
107.00	10700	LIVER ACQUISITION	107.00
108.00	10800	LUNG ACQUISITION	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	RETAIL PHARMACY	194.01
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION STATISTICS

Provider CCN: 263301

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

Worksheet Non-CMS W
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	21	ASSIGNED TIME	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	TIME SPENT	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,172	21,134	33,742	57,048	57,048 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	70,482	4,410,335	7,041,335	11,522,152	13,622 5.00
6.00 00600	MAINTENANCE & REPAIRS	3,858	91,131	145,495	240,484	71 6.00
7.00 00700	OPERATION OF PLANT	3,988	214,332	342,193	560,513	335 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	55	37,656	60,120	97,831	0 8.00
9.00 00900	HOUSEKEEPING	2,756	0	0	2,756	1,074 9.00
10.00 01000	DIETARY	0	148,930	237,775	386,705	71 10.00
11.00 01100	CAFETERIA	3,013	279,825	446,755	729,593	795 11.00
13.00 01300	NURSING ADMINISTRATION	13,409	59,150	94,437	166,996	1,549 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	279 14.00
15.00 01500	PHARMACY	0	0	0	0	2,144 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,625	107,040	170,895	283,560	628 16.00
17.00 01700	SOCIAL SERVICE	4,103	95,527	152,514	252,144	538 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,104	65,096	103,929	176,129	2,155 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	43,370	1,697,633	2,710,360	4,451,363	6,528 30.00
31.00 03100	INTENSIVE CARE UNIT	7,522	224,512	358,445	590,479	2,698 31.00
32.00 03200	CORONARY CARE UNIT	3,069	313,643	500,748	817,460	1,436 32.00
35.00 02061	NEONATAL INTENSIVE CARE UNIT	21,759	554,731	885,657	1,462,147	6,119 35.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,573	464,735	741,974	1,220,282	2,352 50.00
51.00 05100	RECOVERY ROOM	2,145	73,582	117,478	193,205	789 51.00
53.00 05300	ANESTHESIOLOGY	85	0	0	85	106 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,712	180,154	287,625	475,491	1,033 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,046	40,917	65,326	107,289	163 55.00
57.00 05700	CT SCAN	0	9,982	15,936	25,918	16 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	540	34,773	55,517	90,830	183 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,761	78,537	125,388	205,686	275 59.00
60.00 06000	LABORATORY	6,211	216,512	345,674	568,397	1,626 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	603	15,279	24,393	40,275	277 63.00
65.00 06500	RESPIRATORY THERAPY	3,064	63,312	101,082	167,458	1,286 65.00
66.00 06600	PHYSICAL THERAPY	10,442	252,727	403,492	666,661	910 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	317 67.00
68.00 06800	SPEECH PATHOLOGY	1,426	55,024	87,849	144,299	473 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,833	30,179	48,182	80,194	163 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,605	234,331	374,123	611,059	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,261	105,743	168,824	282,828	0 73.00
74.00 07400	RENAL DIALYSIS	1,907	56,268	89,834	148,009	64 74.00
75.00 07500	ASC (NON-DISTINCT PART)	6,296	234,025	373,634	613,955	785 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	8,052	413,584	660,309	1,081,945	1,436 90.00
91.00 09100	EMERGENCY	10,793	308,382	492,348	811,523	2,126 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	4,112	24,792	39,581	68,485	1,240 95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	0 108.00
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0 112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	284,752	11,213,513	17,902,969	29,401,234	55,662 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,783	28,391	46,174	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	10,147	113,238	180,790	304,175	1,212 194.00
194.01 07951	RETAIL PHARMACY	774	11,333	18,093	30,200	174 194.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	295,673	11,355,867	18,130,243	29,781,783	57,048 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/20/2014 11:08 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	11,535,774			5.00		
6.00	00600	MAINTENANCE & REPAIRS	31,347	271,902		6.00		
7.00	00700	OPERATION OF PLANT	215,750	8,528	785,126	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	9,696	1,498	4,467	113,492	8.00	
9.00	00900	HOUSEKEEPING	196,346	0	0	200,176	9.00	
10.00	01000	DIETARY	35,628	5,926	17,666	0	4,530	10.00
11.00	01100	CAFETERIA	186,087	11,134	33,192	0	8,511	11.00
13.00	01300	NURSING ADMINISTRATION	233,822	2,354	7,016	0	1,799	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	120,818	0	0	0	0	14.00
15.00	01500	PHARMACY	548,123	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	99,485	4,259	12,697	0	3,256	16.00
17.00	01700	SOCIAL SERVICE	86,231	3,801	11,331	0	2,906	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,645,950	2,590	7,722	0	1,980	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,182,278	67,553	201,369	69,110	51,632	30.00
31.00	03100	INTENSIVE CARE UNIT	444,885	8,934	26,631	8,154	6,829	31.00
32.00	03200	CORONARY CARE UNIT	268,038	12,480	37,204	8,829	9,540	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	955,955	22,073	65,801	10,735	16,873	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	470,770	18,492	55,126	2,083	14,135	50.00
51.00	05100	RECOVERY ROOM	129,232	2,928	8,728	515	2,238	51.00
53.00	05300	ANESTHESIOLOGY	14,878	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,163	7,168	21,370	3,307	5,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,140	1,628	4,854	307	1,245	55.00
57.00	05700	CT SCAN	6,569	397	1,184	0	304	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,666	1,384	4,125	2,098	1,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,934	3,125	9,316	1,342	2,389	59.00
60.00	06000	LABORATORY	640,304	8,615	25,682	0	6,585	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	155,331	608	1,812	0	465	63.00
65.00	06500	RESPIRATORY THERAPY	217,174	2,519	7,510	0	1,926	65.00
66.00	06600	PHYSICAL THERAPY	164,211	10,056	29,978	709	7,687	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,822	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	73,616	2,189	6,527	0	1,674	68.00
69.00	06900	ELECTROCARDIOLOGY	64,824	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,014	1,201	3,580	53	918	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	532,111	9,324	27,796	0	7,127	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,747	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	445,670	4,208	12,543	0	3,216	73.00
74.00	07400	RENAL DIALYSIS	31,719	2,239	6,674	55	1,711	74.00
75.00	07500	ASC (NON-DISTINCT PART)	139,380	9,312	27,760	878	7,118	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	392,413	16,457	49,059	1,444	12,580	90.00
91.00	09100	EMERGENCY	379,884	12,271	36,580	3,873	9,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	33	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	148,302	986	2,941	0	754	95.00
98.00	09500	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,338	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	38,762	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	14,888	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	17,826	0	0	0	0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	43,146	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,185,306	266,237	768,241	113,492	195,846	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,652	708	2,109	0	541	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	233	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	233,345	4,506	13,432	0	3,444	194.00
194.01	07951	RETAIL PHARMACY	115,238	451	1,344	0	345	194.01
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)	11,535,774	271,902	785,126	113,492	200,176	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	450,526					10.00
11.00	01100	249,069	1,218,381				11.00
13.00	01300	0	35,112	448,648			13.00
14.00	01400	0	0	0	121,097		14.00
15.00	01500	0	0	0	0	550,267	15.00
16.00	01600	0	25,952	0	0	0	16.00
17.00	01700	0	16,843	0	0	0	17.00
22.00	02200	0	73,286	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,880	253,110	127,668	0	0	30.00
31.00	03100	5,783	74,447	52,917	0	0	31.00
32.00	03200	3,117	43,598	32,825	0	0	32.00
35.00	02061	0	160,805	94,104	0	0	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	58,426	40,009	0	0	50.00
51.00	05100	0	11,134	8,652	0	0	51.00
53.00	05300	0	5,327	0	0	0	53.00
54.00	05400	0	33,142	0	0	0	54.00
55.00	05500	0	4,277	2,048	0	0	55.00
57.00	05700	0	410	0	0	0	57.00
58.00	05800	0	5,172	0	0	0	58.00
59.00	05900	0	6,950	3,685	0	0	59.00
60.00	06000	0	54,223	5	0	0	60.00
63.00	06300	0	4,560	0	0	0	63.00
65.00	06500	0	41,292	0	0	0	65.00
66.00	06600	0	28,000	1,140	0	0	66.00
67.00	06700	0	9,058	0	0	0	67.00
68.00	06800	0	14,131	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	7,183	0	0	0	70.00
71.00	07100	0	13,758	2	65,392	0	71.00
72.00	07200	0	0	0	55,705	0	72.00
73.00	07300	0	47,484	0	0	550,267	73.00
74.00	07400	0	5,587	3,362	0	0	74.00
75.00	07500	0	19,101	11,808	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	36,850	13,343	0	0	90.00
91.00	09100	0	60,305	31,584	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	30,620	18,076	0	0	95.00
98.00	05950	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		285,849	1,180,143	441,228	121,097	550,267	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	164,677	33,871	7,420	0	0	194.00
194.01	07951	0	4,367	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		450,526	1,218,381	448,648	121,097	550,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/20/2014 11:08 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	429,837				16.00
17.00	01700	SOCIAL SERVICE	0	373,794			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,909,812		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,396	132,738		6,582,625	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,365	27,546		1,251,668	0 31.00
32.00	03200	CORONARY CARE UNIT	1,275	14,833		1,250,635	0 32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	7,160	83,393		2,885,165	0 35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0		1,881,675	0 50.00
51.00	05100	RECOVERY ROOM	0	0		357,421	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0		20,396	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		722,154	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		169,951	0 55.00
57.00	05700	CT SCAN	0	0		34,798	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		139,516	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		278,702	0 59.00
60.00	06000	LABORATORY	0	0		1,305,437	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		203,328	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0		439,165	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0		909,352	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		54,197	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0		242,909	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		64,824	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		127,306	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		1,266,569	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		470,452	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		1,346,216	0 73.00
74.00	07400	RENAL DIALYSIS	0	0		199,420	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,637	0		832,734	0 75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	277,895	0		1,883,422	0 90.00
91.00	09100	EMERGENCY	127,109	115,284		1,589,919	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0		33	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0		271,404	0 95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		0	0 98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0		6,338	0 105.00
106.00	10600	HEART ACQUISITION	0	0		38,762	0 106.00
107.00	10700	LIVER ACQUISITION	0	0		14,888	0 107.00
108.00	10800	LUNG ACQUISITION	0	0		17,826	0 108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		43,146	0 112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	429,837	373,794	0	26,902,353	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		51,184	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		233	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		766,082	0 194.00
194.01	07951	RETAIL PHARMACY	0	0		152,119	0 194.01
200.00		Cross Foot Adjustments			1,909,812	1,909,812	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	429,837	373,794	1,909,812	29,781,783	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,582,625	30.00
31.00	03100 INTENSIVE CARE UNIT	1,251,668	31.00
32.00	03200 CORONARY CARE UNIT	1,250,635	32.00
35.00	02061 NEONATAL INTENSIVE CARE UNIT	2,885,165	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,881,675	50.00
51.00	05100 RECOVERY ROOM	357,421	51.00
53.00	05300 ANESTHESIOLOGY	20,396	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	722,154	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	169,951	55.00
57.00	05700 CT SCAN	34,798	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	139,516	58.00
59.00	05900 CARDIAC CATHETERIZATION	278,702	59.00
60.00	06000 LABORATORY	1,305,437	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	203,328	63.00
65.00	06500 RESPIRATORY THERAPY	439,165	65.00
66.00	06600 PHYSICAL THERAPY	909,352	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,197	67.00
68.00	06800 SPEECH PATHOLOGY	242,909	68.00
69.00	06900 ELECTROCARDIOLOGY	64,824	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	127,306	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,266,569	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	470,452	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,346,216	73.00
74.00	07400 RENAL DIALYSIS	199,420	74.00
75.00	07500 ASC (NON-DISTINCT PART)	832,734	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1,883,422	90.00
91.00	09100 EMERGENCY	1,589,919	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	33	94.00
95.00	09500 AMBULANCE SERVICES	271,404	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	6,338	105.00
106.00	10600 HEART ACQUISITION	38,762	106.00
107.00	10700 LIVER ACQUISITION	14,888	107.00
108.00	10800 LUNG ACQUISITION	17,826	108.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)	43,146	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,902,353	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,184	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	233	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	766,082	194.00
194.01	07951 RETAIL PHARMACY	152,119	194.01
200.00	Cross Foot Adjustments	1,909,812	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	29,781,783	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	630,280				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		630,280			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,173	1,173	163,718,664		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	244,785	244,785	38,934,203	-103,683,062	322,495,600
6.00 00600	MAINTENANCE & REPAIRS	5,058	5,058	204,678	0	876,344
7.00 00700	OPERATION OF PLANT	11,896	11,896	961,306	0	6,031,581
8.00 00800	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	271,052
9.00 00900	HOUSEKEEPING	0	0	3,085,815	0	5,489,135
10.00 01000	DIETARY	8,266	8,266	203,019	0	996,036
11.00 01100	CAFETERIA	15,531	15,531	2,283,804	0	5,202,322
13.00 01300	NURSING ADMINISTRATION	3,283	3,283	4,452,342	0	6,536,810
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	802,181	0	3,377,632
15.00 01500	PHARMACY	0	0	6,161,124	0	15,323,534
16.00 01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,803,271	0	2,781,242
17.00 01700	SOCIAL SERVICE	5,302	5,302	1,546,407	0	2,410,710
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	6,192,295	0	46,011,829
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	94,223	94,223	18,758,543	0	33,052,235
31.00 03100	INTENSIVE CARE UNIT	12,461	12,461	7,752,159	0	12,437,391
32.00 03200	CORONARY CARE UNIT	17,408	17,408	4,126,915	0	7,493,384
35.00 02061	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	17,582,308	0	26,725,061
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,794	25,794	6,757,562	0	13,161,031
51.00 05100	RECOVERY ROOM	4,084	4,084	2,266,478	0	3,612,852
53.00 05300	ANESTHESIOLOGY	0	0	304,401	0	415,938
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,999	9,999	2,968,083	0	4,896,930
55.00 05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	469,506	0	1,345,811
57.00 05700	CT SCAN	554	554	46,623	0	183,653
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	527,283	0	969,141
59.00 05900	CARDIAC CATHETERIZATION	4,359	4,359	789,111	0	1,284,155
60.00 06000	LABORATORY	12,017	12,017	4,671,319	0	17,900,589
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	848	848	797,293	0	4,342,482
65.00 06500	RESPIRATORY THERAPY	3,514	3,514	3,694,093	0	6,071,399
66.00 06600	PHYSICAL THERAPY	14,027	14,027	2,613,668	0	4,590,735
67.00 06700	OCCUPATIONAL THERAPY	0	0	911,864	0	1,253,056
68.00 06800	SPEECH PATHOLOGY	3,054	3,054	1,359,171	0	2,058,045
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	1,812,252
70.00 07000	ELECTROENCEPHALOGRAPHY	1,675	1,675	467,924	0	950,909
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	0	14,875,901
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,594,826
73.00 07300	DRUGS CHARGED TO PATIENTS	5,869	5,869	0	0	12,459,335
74.00 07400	RENAL DIALYSIS	3,123	3,123	182,542	0	886,759
75.00 07500	ASC (NON-DISTINCT PART)	12,989	12,989	2,256,029	0	3,896,550
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	22,955	22,955	4,126,750	0	10,970,445
91.00 09100	EMERGENCY	17,116	17,116	6,109,233	0	10,620,192
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	927
95.00 09500	AMBULANCE SERVICES	1,376	1,376	3,564,343	0	4,145,993
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	177,195
106.00 10600	HEART ACQUISITION	0	0	0	0	1,083,642
107.00 10700	LIVER ACQUISITION	0	0	0	0	416,204
108.00 10800	LUNG ACQUISITION	0	0	0	0	498,350
112.00 08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	1,206,206
118.00	SUBTOTALS (SUM OF LINES 1-117)	622,379	622,379	159,733,646	-103,683,062	312,697,801
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	46,174
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,502
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	3,483,855	0	6,523,485
194.01 07951	RETAIL PHARMACY	629	629	501,163	0	3,221,638
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	11,355,867	18,130,243	7,241,830		103,683,062
203.00	Unit cost multiplier (Wkst. B, Part I)	18.017178	28.765379	0.044233		0.321502

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			57,048		11,535,774	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000348		0.035770	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	379,264				6.00	
7.00	00700	OPERATION OF PLANT	11,896	367,368			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,090	2,090	644,216		8.00	
9.00	00900	HOUSEKEEPING	0	0	0	365,278	9.00	
10.00	01000	DIETARY	8,266	8,266	0	8,266	1,761,365	10.00
11.00	01100	CAFETERIA	15,531	15,531	0	15,531	973,752	11.00
13.00	01300	NURSING ADMINISTRATION	3,283	3,283	0	3,283	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,941	5,941	0	5,941	0	16.00
17.00	01700	SOCIAL SERVICE	5,302	5,302	0	5,302	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,613	3,613	0	3,613	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,223	94,223	392,288	94,223	108,998	30.00
31.00	03100	INTENSIVE CARE UNIT	12,461	12,461	46,285	12,461	22,610	31.00
32.00	03200	CORONARY CARE UNIT	17,408	17,408	50,117	17,408	12,186	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	60,934	30,789	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,794	25,794	11,824	25,794	0	50.00
51.00	05100	RECOVERY ROOM	4,084	4,084	2,924	4,084	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,999	9,999	18,770	9,999	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,271	2,271	1,744	2,271	0	55.00
57.00	05700	CT SCAN	554	554	0	554	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	11,907	1,930	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,359	4,359	7,617	4,359	0	59.00
60.00	06000	LABORATORY	12,017	12,017	0	12,017	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	848	848	0	848	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,514	3,514	0	3,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,027	14,027	4,023	14,027	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,054	3,054	0	3,054	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,675	1,675	301	1,675	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	13,006	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,869	5,869	0	5,869	0	73.00
74.00	07400	RENAL DIALYSIS	3,123	3,123	312	3,123	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,989	12,989	4,986	12,989	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,955	22,955	8,198	22,955	0	90.00
91.00	09100	EMERGENCY	17,116	17,116	21,986	17,116	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,376	1,376	0	1,376	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,363	359,467	644,216	357,377	1,117,546	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	987	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	0	6,285	643,819	194.00
194.01	07951	RETAIL PHARMACY	629	629	0	629	0	194.01
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)	1,158,090	8,007,071	410,131	7,253,903	1,685,819	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.053519	21.795777	0.636636	19.858582	0.957109	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	271,902	785,126	113,492	200,176	450,526	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.716920	2.137165	0.176171	0.548010	0.255782	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,925,841					11.00
13.00	01300	113,136	1,584,552				13.00
14.00	01400	0	0	100			14.00
15.00	01500	0	0	0	19,154,947		15.00
16.00	01600	83,622	0	0	0	83,621	16.00
17.00	01700	54,270	0	0	0	0	17.00
22.00	02200	236,139	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	815,563	450,908	0	0	2,217	30.00
31.00	03100	239,882	186,894	0	0	460	31.00
32.00	03200	140,482	115,931	0	0	248	32.00
35.00	02061	518,143	332,361	0	0	1,393	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	188,259	141,306	0	0	0	50.00
51.00	05100	35,877	30,556	0	0	0	51.00
53.00	05300	17,165	0	0	0	0	53.00
54.00	05400	106,789	0	0	0	0	54.00
55.00	05500	13,781	7,232	0	0	0	55.00
57.00	05700	1,320	0	0	0	0	57.00
58.00	05800	16,665	0	0	0	0	58.00
59.00	05900	22,393	13,014	0	0	0	59.00
60.00	06000	174,717	16	0	0	0	60.00
63.00	06300	14,692	0	0	0	0	63.00
65.00	06500	133,051	0	0	0	0	65.00
66.00	06600	90,222	4,027	0	0	0	66.00
67.00	06700	29,188	0	0	0	0	67.00
68.00	06800	45,534	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	23,145	0	0	0	0	70.00
71.00	07100	44,331	8	54	0	0	71.00
72.00	07200	0	0	46	0	0	72.00
73.00	07300	153,001	0	0	19,154,947	0	73.00
74.00	07400	18,002	11,874	0	0	0	74.00
75.00	07500	61,548	41,704	0	0	513	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	118,738	47,126	0	0	54,062	90.00
91.00	09100	194,313	111,548	0	0	24,728	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	98,664	63,841	0	0	0	95.00
98.00	05950	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
112.00	08600	0	0	0	0	0	112.00
118.00		3,802,632	1,558,346	100	19,154,947	83,621	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	109,139	26,206	0	0	0	194.00
194.01	07951	14,070	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		8,501,225	9,030,175	4,463,547	20,250,081	4,122,107	202.00
203.00		2,165,453	5,698,882	44,635,470,000	1,057,172	49,295,117	203.00
204.00		1,218,381	448,648	121,097	550,267	429,837	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.310349	0.283139	1,210.970000	0.028727	5.140300	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS (TIME SPENT)	
		17.00		
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE	10,408			17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	350,623		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	3,696	106,828		30.00
31.00 03100 INTENSIVE CARE UNIT	767	29,173		31.00
32.00 03200 CORONARY CARE UNIT	413	13,925		32.00
35.00 02061 NEONATAL INTENSIVE CARE UNIT	2,322	37,561		35.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	31,780		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	13,437		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,825		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	8,241		59.00
60.00 06000 LABORATORY	0	0		60.00
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	2,157		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	8,586		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	64,101		90.00
91.00 09100 EMERGENCY	3,210	30,009		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0		108.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,408	350,623		118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01 07951 RETAIL PHARMACY	0	0		194.01
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)	3,540,318	61,477,681		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	340.153536	175.338415		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	373,794	1,909,812		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1

Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (TIME SPENT)		
205.00 Unit cost multiplier (Wkst. B, Part II)	35.914105	22.00	5.446910	205.00

Provider CCN: 263301

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

Worksheet B-2

Date/Time Prepared:
 5/20/2014 11:08 am

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/20/2014 11:08 am

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	53,947,405		53,947,405	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,912,363		18,912,363	0	0	31.00
32.00	03200	CORONARY CARE UNIT	11,841,958		11,841,958	0	0	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	40,607,131		40,607,131	0	0	35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,766,003		19,766,003	0	0	50.00
51.00	05100	RECOVERY ROOM	5,210,665		5,210,665	0	0	51.00
53.00	05300	ANESTHESIOLOGY	586,833		586,833	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,161,534		7,161,534	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,952,190		1,952,190	0	0	55.00
57.00	05700	CT SCAN	270,325		270,325	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,410,675		1,410,675	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,019,400		2,019,400	0	0	59.00
60.00	06000	LABORATORY	24,571,351		24,571,351	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,808,326		5,808,326	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,468,585	0	8,468,585	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,914,664	0	6,914,664	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,719,121	0	1,719,121	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,954,850	0	2,954,850	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,394,895		2,394,895	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,381,825		1,381,825	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,746,362		22,746,362	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,375,818		17,375,818	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,308,823		37,308,823	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,418,326		1,418,326	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,129,416		6,129,416	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,719,635		18,719,635	0	0	90.00
91.00	09100	EMERGENCY	18,181,160		18,181,160	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,803,128		4,803,128	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	1,225		1,225	0	0	94.00
95.00	09500	AMBULANCE SERVICES	6,117,930		6,117,930	0	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	234,164		234,164		0	105.00
106.00	10600	HEART ACQUISITION	1,432,035		1,432,035		0	106.00
107.00	10700	LIVER ACQUISITION	550,014		550,014		0	107.00
108.00	10800	LUNG ACQUISITION	658,571		658,571		0	108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	1,594,004		1,594,004		0	112.00
200.00		Subtotal (see instructions)	355,170,710	0	355,170,710	0	0	200.00
201.00		Less Observation Beds	4,803,128		4,803,128		0	201.00
202.00		Total (see instructions)	350,367,582	0	350,367,582	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/20/2014 11:08 am	
			Title XVIIII		Hospital		Tefra	
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	43,377,192		43,377,192			30.00
31.00	03100	INTENSIVE CARE UNIT	22,493,028		22,493,028			31.00
32.00	03200	CORONARY CARE UNIT	13,198,042		13,198,042			32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	65,096,502		65,096,502			35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,257,936	23,494,308	57,752,244	0.342255	0.342255	50.00
51.00	05100	RECOVERY ROOM	2,310,462	6,843,657	9,154,119	0.569215	0.569215	51.00
53.00	05300	ANESTHESIOLOGY	6,861,357	8,853,556	15,714,913	0.037342	0.037342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,780,405	19,947,438	33,727,843	0.212333	0.212333	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,653,955	3,250,593	5,904,548	0.330625	0.330625	55.00
57.00	05700	CT SCAN	5,501,866	6,729,992	12,231,858	0.022100	0.022100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,124,616	25,461,679	33,586,295	0.042002	0.042002	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,367,584	4,250,630	6,618,214	0.305128	0.305128	59.00
60.00	06000	LABORATORY	64,535,750	45,562,824	110,098,574	0.223176	0.223176	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,422,099	4,992,663	20,414,762	0.284516	0.284516	63.00
65.00	06500	RESPIRATORY THERAPY	29,336,781	1,152,800	30,489,581	0.277753	0.277753	65.00
66.00	06600	PHYSICAL THERAPY	3,871,823	4,645,942	8,517,765	0.811793	0.811793	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,470,094	2,354,809	4,824,903	0.356302	0.356302	67.00
68.00	06800	SPEECH PATHOLOGY	924,201	4,536,820	5,461,021	0.541080	0.541080	68.00
69.00	06900	ELECTROCARDIOLOGY	4,199,070	628,319	4,827,389	0.496106	0.496106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,145,610	1,767,983	4,913,593	0.281225	0.281225	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,434,712	22,113,583	76,548,295	0.297150	0.297150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,330,561	6,877,068	31,207,629	0.556781	0.556781	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,958,017	32,662,577	108,620,594	0.343478	0.343478	73.00
74.00	07400	RENAL DIALYSIS	1,239,654	484,646	1,724,300	0.822552	0.822552	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,528	6,498,987	6,505,515	0.942188	0.942188	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	649,420	9,975,896	10,625,316	1.761796	1.761796	90.00
91.00	09100	EMERGENCY	9,113,994	32,819,461	41,933,455	0.433572	0.433572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	355,159	3,277,568	3,632,727	1.322182	1.322182	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	860,031	860,031	0.001424	0.001424	94.00
95.00	09500	AMBULANCE SERVICES	5,297,127	1,524,106	6,821,233	0.896895	0.896895	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	264,768	0	264,768			105.00
106.00	10600	HEART ACQUISITION	2,082,840	0	2,082,840			106.00
107.00	10700	LIVER ACQUISITION	869,746	0	869,746			107.00
108.00	10800	LUNG ACQUISITION	967,642	0	967,642			108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	2,238,146	124,695	2,362,841			112.00
200.00		Subtotal (see instructions)	521,736,687	281,692,631	803,429,318			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	521,736,687	281,692,631	803,429,318			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/20/2014 11:08 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital Tefra
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
35.00	02061 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)			112.00
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: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/20/2014 11:08 am	
		Title XIX		Hospital		Cost	
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		53,947,405	0	53,947,405	30.00	
31.00	03100 INTENSIVE CARE UNIT		18,912,363	0	18,912,363	31.00	
32.00	03200 CORONARY CARE UNIT		11,841,958	0	11,841,958	32.00	
35.00	02061 NEONATAL INTENSIVE CARE UNIT		40,607,131	0	40,607,131	35.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		19,766,003	0	19,766,003	50.00	
51.00	05100 RECOVERY ROOM		5,210,665	0	5,210,665	51.00	
53.00	05300 ANESTHESIOLOGY		586,833	0	586,833	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,161,534	0	7,161,534	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,952,190	0	1,952,190	55.00	
57.00	05700 CT SCAN		270,325	0	270,325	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,410,675	0	1,410,675	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,019,400	0	2,019,400	59.00	
60.00	06000 LABORATORY		24,571,351	0	24,571,351	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		5,808,326	0	5,808,326	63.00	
65.00	06500 RESPIRATORY THERAPY	0	8,468,585	0	8,468,585	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,914,664	0	6,914,664	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,719,121	0	1,719,121	67.00	
68.00	06800 SPEECH PATHOLOGY	0	2,954,850	0	2,954,850	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,394,895	0	2,394,895	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,381,825	0	1,381,825	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		22,746,362	0	22,746,362	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,375,818	0	17,375,818	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		37,308,823	0	37,308,823	73.00	
74.00	07400 RENAL DIALYSIS		1,418,326	0	1,418,326	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		6,129,416	0	6,129,416	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		18,719,635	0	18,719,635	90.00	
91.00	09100 EMERGENCY		18,181,160	0	18,181,160	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,803,128	0	4,803,128	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		1,225	0	1,225	94.00	
95.00	09500 AMBULANCE SERVICES		6,117,930	0	6,117,930	95.00	
98.00	09550 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		234,164		234,164	105.00	
106.00	10600 HEART ACQUISITION		1,432,035		1,432,035	106.00	
107.00	10700 LIVER ACQUISITION		550,014		550,014	107.00	
108.00	10800 LUNG ACQUISITION		658,571		658,571	108.00	
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)		1,594,004		1,594,004	112.00	
200.00	Subtotal (see instructions)	0	355,170,710	0	355,170,710	200.00	
201.00	Less Observation Beds		4,803,128		4,803,128	201.00	
202.00	Total (see instructions)	0	350,367,582	0	350,367,582	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/20/2014 11:08 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,377,192		43,377,192			30.00
31.00	03100	INTENSIVE CARE UNIT	22,493,028		22,493,028			31.00
32.00	03200	CORONARY CARE UNIT	13,198,042		13,198,042			32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT	65,096,502		65,096,502			35.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,257,936	23,494,308	57,752,244	0.342255	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,310,462	6,843,657	9,154,119	0.569215	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,861,357	8,853,556	15,714,913	0.037342	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,780,405	19,947,438	33,727,843	0.212333	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,653,955	3,250,593	5,904,548	0.330625	0.000000	55.00
57.00	05700	CT SCAN	5,501,866	6,729,992	12,231,858	0.022100	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,124,616	25,461,679	33,586,295	0.042002	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,367,584	4,250,630	6,618,214	0.305128	0.000000	59.00
60.00	06000	LABORATORY	64,535,750	45,562,824	110,098,574	0.223176	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,422,099	4,992,663	20,414,762	0.284516	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	29,336,781	1,152,800	30,489,581	0.277753	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,871,823	4,645,942	8,517,765	0.811793	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,470,094	2,354,809	4,824,903	0.356302	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	924,201	4,536,820	5,461,021	0.541080	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,199,070	628,319	4,827,389	0.496106	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,145,610	1,767,983	4,913,593	0.281225	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,434,712	22,113,583	76,548,295	0.297150	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,330,561	6,877,068	31,207,629	0.556781	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,958,017	32,662,577	108,620,594	0.343478	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,239,654	484,646	1,724,300	0.822552	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,528	6,498,987	6,505,515	0.942188	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	649,420	9,975,896	10,625,316	1.761796	0.000000	90.00
91.00	09100	EMERGENCY	9,113,994	32,819,461	41,933,455	0.433572	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	355,159	3,277,568	3,632,727	1.322182	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	860,031	860,031	0.001424	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	5,297,127	1,524,106	6,821,233	0.896895	0.000000	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	264,768	0	264,768			105.00
106.00	10600	HEART ACQUISITION	2,082,840	0	2,082,840			106.00
107.00	10700	LIVER ACQUISITION	869,746	0	869,746			107.00
108.00	10800	LUNG ACQUISITION	967,642	0	967,642			108.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	2,238,146	124,695	2,362,841			112.00
200.00		Subtotal (see instructions)	521,736,687	281,692,631	803,429,318			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	521,736,687	281,692,631	803,429,318			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/20/2014 11:08 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02061 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIFY)			112.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,582,625	0	6,582,625	39,558	166.40	30.00
31.00	INTENSIVE CARE UNIT	1,251,668		1,251,668	7,475	167.45	31.00
32.00	CORONARY CARE UNIT	1,250,635		1,250,635	4,029	310.41	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,885,165		2,885,165	22,641	127.43	35.00
200.00	Total (lines 30-199)	11,970,093		11,970,093	73,703		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	199	33,114				
31.00	INTENSIVE CARE UNIT	23	3,851				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
200.00	Total (lines 30-199)	222	36,965				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/20/2014 11:08 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)	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	1,881,675	57,752,244	0.032582	139,297	4,539	50.00
51.00	05100 RECOVERY ROOM	357,421	9,154,119	0.039045	15,196	593	51.00
53.00	05300 ANESTHESIOLOGY	20,396	15,714,913	0.001298	51,214	66	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	722,154	33,727,843	0.021411	61,068	1,308	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	169,951	5,904,548	0.028783	0	0	55.00
57.00	05700 CT SCAN	34,798	12,231,858	0.002845	23,439	67	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	139,516	33,586,295	0.004154	45,520	189	58.00
59.00	05900 CARDIAC CATHETERIZATION	278,702	6,618,214	0.042111	15,907	670	59.00
60.00	06000 LABORATORY	1,305,437	110,098,574	0.011857	282,986	3,355	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	203,328	20,414,762	0.009960	122,265	1,218	63.00
65.00	06500 RESPIRATORY THERAPY	439,165	30,489,581	0.014404	49,121	708	65.00
66.00	06600 PHYSICAL THERAPY	909,352	8,517,765	0.106759	11,238	1,200	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,197	4,824,903	0.011233	4,667	52	67.00
68.00	06800 SPEECH PATHOLOGY	242,909	5,461,021	0.044481	910	40	68.00
69.00	06900 ELECTROCARDIOLOGY	64,824	4,827,389	0.013428	13,124	176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	127,306	4,913,593	0.025909	8,660	224	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,266,569	76,548,295	0.016546	208,100	3,443	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	470,452	31,207,629	0.015075	175,003	2,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,346,216	108,620,594	0.012394	340,194	4,216	73.00
74.00	07400 RENAL DIALYSIS	199,420	1,724,300	0.115653	57,489	6,649	74.00
75.00	07500 ASC (NON-DISTINCT PART)	832,734	6,505,515	0.128004	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,883,422	10,625,316	0.177258	7,675	1,360	90.00
91.00	09100 EMERGENCY	1,589,919	41,933,455	0.037915	15,000	569	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	586,073	3,632,727	0.161331	2,752	444	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	33	860,031	0.000038	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,125,969	645,895,484		1,650,825	33,724	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description			Title XVIII					Hospital		Tefra	
			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	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
35.00	02061	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	35.00	
200.00		Total (lines 30-199)	0	0	0	0	0	0	0	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	39,558	0.00	199	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,475	0.00	23	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	4,029	0.00	0	0	0	0	0	32.00	
35.00	02061	NEONATAL INTENSIVE CARE UNIT	22,641	0.00	0	0	0	0	0	35.00	
200.00		Total (lines 30-199)	73,703		222	0	0	0	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	
35.00	02061	NEONATAL INTENSIVE CARE UNIT	0	0						35.00	
200.00		Total (lines 30-199)	0	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 263301

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		Title XVIII				Hospital	Tefra
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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 PATIENTS	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	57,752,244	0.000000	0.000000	139,297	50.00
51.00	05100 RECOVERY ROOM	0	9,154,119	0.000000	0.000000	15,196	51.00
53.00	05300 ANESTHESIOLOGY	0	15,714,913	0.000000	0.000000	51,214	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,727,843	0.000000	0.000000	61,068	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,904,548	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	12,231,858	0.000000	0.000000	23,439	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	33,586,295	0.000000	0.000000	45,520	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,618,214	0.000000	0.000000	15,907	59.00
60.00	06000 LABORATORY	0	110,098,574	0.000000	0.000000	282,986	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	20,414,762	0.000000	0.000000	122,265	63.00
65.00	06500 RESPIRATORY THERAPY	0	30,489,581	0.000000	0.000000	49,121	65.00
66.00	06600 PHYSICAL THERAPY	0	8,517,765	0.000000	0.000000	11,238	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,824,903	0.000000	0.000000	4,667	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,461,021	0.000000	0.000000	910	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,827,389	0.000000	0.000000	13,124	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,913,593	0.000000	0.000000	8,660	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	76,548,295	0.000000	0.000000	208,100	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,207,629	0.000000	0.000000	175,003	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	108,620,594	0.000000	0.000000	340,194	73.00
74.00	07400 RENAL DIALYSIS	0	1,724,300	0.000000	0.000000	57,489	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	6,505,515	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,625,316	0.000000	0.000000	7,675	90.00
91.00	09100 EMERGENCY	0	41,933,455	0.000000	0.000000	15,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,632,727	0.000000	0.000000	2,752	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	860,031	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	645,895,484			1,650,825	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	6,900	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	607	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,995	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,869	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,491	0	0	0	55.00
57.00	05700 CT SCAN	0	20,814	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	48,718	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	6,375	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	931	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,192	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	2,877	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,110	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,041	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	101,138	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	24,877	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	73,480	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,458	0	0	0	90.00
91.00	09100 EMERGENCY	0	23,352	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,709	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	398,934	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/20/2014 11:08 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	Tefra
		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
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 PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra

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	0.342255	6,900	0	2,362	50.00
51.00	05100 RECOVERY ROOM	0.569215	607	0	346	51.00
53.00	05300 ANESTHESIOLOGY	0.037342	3,995	0	149	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.212333	58,869	0	12,500	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.330625	13,491	0	4,460	55.00
57.00	05700 CT SCAN	0.022100	20,814	0	460	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.042002	48,718	0	2,046	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.305128	0	0	0	59.00
60.00	06000 LABORATORY	0.223176	6,375	20,354	1,423	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.284516	931	5,503	265	63.00
65.00	06500 RESPIRATORY THERAPY	0.27753	1,192	0	331	65.00
66.00	06600 PHYSICAL THERAPY	0.811793	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356302	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.541080	2,877	0	1,557	68.00
69.00	06900 ELECTROCARDIOLOGY	0.496106	2,110	0	1,047	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281225	1,041	0	293	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297150	101,138	0	30,053	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.556781	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.343478	24,877	0	8,545	73.00
74.00	07400 RENAL DIALYSIS	0.822552	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.942188	73,480	0	69,232	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1.761796	5,458	545	9,616	90.00
91.00	09100 EMERGENCY	0.433572	23,352	0	10,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.322182	2,709	0	3,582	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.001424	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.896895	0	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		398,934	26,402	158,392	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		398,934	26,402	158,392	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	4,543	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,566	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 PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	960	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	7,069	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)	7,069	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/20/2014 11:08 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.342255	0	2,563,871	0	0	50.00
51.00	05100 RECOVERY ROOM	0.569215	0	784,748	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.037342	0	1,039,096	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.212333	0	1,416,269	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.330625	0	363,883	0	0	55.00
57.00	05700 CT SCAN	0.022100	0	693,743	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.042002	0	2,232,076	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.305128	0	796,573	0	0	59.00
60.00	06000 LABORATORY	0.223176	0	3,991,350	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.284516	0	528,431	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.277753	0	75,117	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.811793	0	293,641	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.356302	0	178,822	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.541080	0	381,522	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.496106	0	166,427	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281225	0	361,277	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297150	0	2,256,803	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.556781	0	956,212	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.343478	0	3,605,560	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.822552	0	81,326	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.942188	0	489,990	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1.761796	0	89,784	0	0	90.00
91.00	09100 EMERGENCY	0.433572	0	1,385,470	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.322182	0	253,092	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.001424	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.896895	0	220,317	0	0	95.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	25,205,400	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	25,205,400	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/20/2014 11:08 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	877,498	0	50.00
51.00 05100	RECOVERY ROOM	446,690	0	51.00
53.00 05300	ANESTHESIOLOGY	38,802	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	300,721	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	120,309	0	55.00
57.00 05700	CT SCAN	15,332	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	93,752	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	243,057	0	59.00
60.00 06000	LABORATORY	890,774	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	150,347	0	63.00
65.00 06500	RESPIRATORY THERAPY	20,864	0	65.00
66.00 06600	PHYSICAL THERAPY	238,376	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	63,715	0	67.00
68.00 06800	SPEECH PATHOLOGY	206,434	0	68.00
69.00 06900	ELECTROCARDIOLOGY	82,565	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	101,600	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	670,609	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	532,401	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,238,431	0	73.00
74.00 07400	RENAL DIALYSIS	66,895	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	461,663	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	158,181	0	90.00
91.00 09100	EMERGENCY	600,701	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	334,634	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500	AMBULANCE SERVICES	197,601	0	95.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	8,151,952	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)	8,151,952	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2014 11:08 am
Cost Center Description				Tefra
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,558	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.		4,286	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,750	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)		199	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)		53,947,405	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)		53,947,405	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		43,377,192	28.00
29.00	Private room charges (excluding swing-bed charges)		5,936,217	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		37,440,975	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.243681	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,385.02	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,179.24	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		205.78	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		255.92	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,096,873	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		52,850,532	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,336.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		265,870	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)		265,870	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		Tefra	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,912,363	7,475	2,530.08	23	58,192	43.00
44.00	CORONARY CARE UNIT	11,841,958	4,029	2,939.18	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	40,607,131	22,641	1,793.52	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					557,375	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					881,437	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)					36,965	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,724	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					70,689	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					810,748	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					34	54.00
55.00	Target amount per discharge					25,345.63	55.00
56.00	Target amount (line 54 x line 55)					861,751	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					51,003	57.00
58.00	Bonus payment (see instructions)					7,650	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					13,553.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					22,836.73	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)					889,087	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,522	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,363.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,803,128	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/20/2014 11:08 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	6,582,625	53,947,405	0.122019	4,803,128	586,073	90.00
91.00	Nursing School cost	0	53,947,405	0.000000	4,803,128	0	91.00
92.00	Allied health cost	0	53,947,405	0.000000	4,803,128	0	92.00
93.00	All other Medical Education	0	53,947,405	0.000000	4,803,128	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/20/2014 11:08 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,558	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,558	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.		4,286	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,750	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)		5,511	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)		53,947,405	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)		53,947,405	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		43,377,192	28.00
29.00	Private room charges (excluding swing-bed charges)		5,936,217	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		37,440,975	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.243681	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,385.02	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,179.24	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		205.78	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		255.92	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,096,873	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		52,850,532	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,336.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,362,861	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)		7,362,861	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/20/2014 11:08 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,912,363	7,475	2,530.08	1,335	3,377,657	43.00
44.00	CORONARY CARE UNIT	11,841,958	4,029	2,939.18	711	2,089,757	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	40,607,131	22,641	1,793.52	5,305	9,514,624	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,089,526	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,434,425	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,522	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,363.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,803,128	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/20/2014 11:08 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	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: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/20/2014 11:08 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		214,404	30.00
31.00	03100	INTENSIVE CARE UNIT		112,135	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT		0	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342255	139,297	50.00
51.00	05100	RECOVERY ROOM	0.569215	15,196	51.00
53.00	05300	ANESTHESIOLOGY	0.037342	51,214	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212333	61,068	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.330625	0	55.00
57.00	05700	CT SCAN	0.022100	23,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.042002	45,520	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.305128	15,907	59.00
60.00	06000	LABORATORY	0.223176	282,986	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284516	122,265	63.00
65.00	06500	RESPIRATORY THERAPY	0.277753	49,121	65.00
66.00	06600	PHYSICAL THERAPY	0.811793	11,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356302	4,667	67.00
68.00	06800	SPEECH PATHOLOGY	0.541080	910	68.00
69.00	06900	ELECTROCARDIOLOGY	0.496106	13,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281225	8,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297150	208,100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.556781	175,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.343478	340,194	73.00
74.00	07400	RENAL DIALYSIS	0.822552	57,489	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.942188	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.761796	7,675	90.00
91.00	09100	EMERGENCY	0.433572	15,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.322182	2,752	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.001424	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,650,825	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)		1,650,825	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/20/2014 11:08 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		6,112,226	30.00
31.00	03100	INTENSIVE CARE UNIT		4,541,151	31.00
32.00	03200	CORONARY CARE UNIT		2,164,769	32.00
35.00	02061	NEONATAL INTENSIVE CARE UNIT		15,339,613	35.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.342255	4,614,957	50.00
51.00	05100	RECOVERY ROOM	0.569215	313,074	51.00
53.00	05300	ANESTHESIOLOGY	0.037342	1,048,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.212333	2,592,269	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.330625	76,040	55.00
57.00	05700	CT SCAN	0.022100	588,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.042002	988,612	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.305128	394,940	59.00
60.00	06000	LABORATORY	0.223176	11,080,361	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.284516	2,060,050	63.00
65.00	06500	RESPIRATORY THERAPY	0.277753	7,016,961	65.00
66.00	06600	PHYSICAL THERAPY	0.811793	677,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.356302	534,624	67.00
68.00	06800	SPEECH PATHOLOGY	0.541080	212,544	68.00
69.00	06900	ELECTROCARDIOLOGY	0.496106	977,853	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281225	512,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.297150	9,440,632	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.556781	3,063,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.343478	14,001,902	73.00
74.00	07400	RENAL DIALYSIS	0.822552	270,431	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.942188	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.761796	31,628	90.00
91.00	09100	EMERGENCY	0.433572	877,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.322182	53,360	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.001424	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		61,428,766	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)		61,428,766	202.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

Cost Center Description		Kidney			Hospital	Tefra
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	5,992	1,336.03	7	9,352
2.00	INTENSIVE CARE UNIT	43.00	3,936	2,530.08	2	5,060
3.00	CORONARY CARE UNIT	44.00	0	2,939.18	0	0
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,793.52	0	0
7.00	TOTAL (sum of lines 1-6)		9,928		9	14,412
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.342255	37,793	12,935
9.00	RECOVERY ROOM		51.00	0.569215	6,843	3,895
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0
11.00	ANESTHESIOLOGY		53.00	0.037342	8,640	323
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.212333	1,345	286
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.330625	0	0
14.00	RADIOISOTOPE		56.00	0.000000	0	0
15.00	CT SCAN		57.00	0.022100	0	0
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.042002	0	0
17.00	CARDIAC CATHETERIZATION		59.00	0.305128	0	0
18.00	LABORATORY		60.00	0.223176	23,885	5,331
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.284516	518	147
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0
23.00	RESPIRATORY THERAPY		65.00	0.277753	2,631	731
24.00	PHYSICAL THERAPY		66.00	0.811793	0	0
25.00	OCCUPATIONAL THERAPY		67.00	0.356302	0	0
26.00	SPEECH PATHOLOGY		68.00	0.541080	0	0
27.00	ELECTROCARDIOLOGY		69.00	0.496106	524	260
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281225	0	0
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.297150	30,844	9,165
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.556781	0	0
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.343478	10,445	3,588
32.00	RENAL DIALYSIS		74.00	0.822552	0	0
33.00	ASC (NON-DISTINCT PART)		75.00	0.942188	0	0
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0
37.00	CLINIC		90.00	1.761796	0	0
38.00	EMERGENCY		91.00	0.433572	0	0
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322182	0	0
40.00	OTHER OUTPATIENT SERVICE COST CENTER					
41.00	TOTAL (sum of lines 8-40)				123,468	36,661
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	7	0
43.00	INTENSIVE CARE UNIT		3.00	0.00	2	0
44.00	CORONARY CARE UNIT		4.00	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0
48.00	TOTAL (sum of lines 42 through 47)				9	0

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

		Kidney		Hospital		Tefra		
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program								
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00	
51.00	CLINIC	23.00	0	0.000000	0		51.00	
52.00	EMERGENCY	24.00	0	0.000000	0		52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0		53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0		54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0		55.00	
Cost Center Description		Cost		Charges				
		Part A	Part B	Part A	Part B			
		1.00	2.00	3.00	4.00			
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	51,073		133,396			56.00	
57.00	Interns and Residents (inpatient)	0		0			57.00	
58.00	Interns and Residents (outpatient)	0		0			58.00	
59.00	Direct Organ Acquisition (see instructions)	234,164		266,846			59.00	
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00	
61.00	Total (sum of lines 56 thru 60)	285,237		400,242			61.00	
62.00	Total Usable Organs (see instructions)		8				62.00	
63.00	Medicare Usable Organs (see instructions)		3				63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.375000				64.00	
65.00	Medicare Cost/Charges (see instructions)	106,964		150,091			65.00	
66.00	Revenue for Organs Sold	16,869		16,869			66.00	
67.00	Subtotal (Line 65 minus line 66)	90,095		133,222			67.00	
68.00	Organs Furnished Part B	0	0	0	0		68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	90,095	0	133,222	0		69.00	
Cost Center Description		Living Related		Cadaveric		Revenue		
		1.00		2.00		3.00		
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		3	2				70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0				71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0				72.00
73.00	Organs Purchased from OPOs		0	3				73.00
74.00	Total (sum of lines 70 thru 73)		3	5				74.00
75.00	Organs Transplanted		3	3		266,846	75.00	
76.00	Organs Sold to Other Hospitals		0	0		0	76.00	
77.00	Organs Sold to OPOs		0	2		16,869	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00	
80.00	Organs Sold Outside the U.S.		0	0		0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00	
82.00	Organs Used for Research		0	0		0	82.00	
83.00	Unusable/Discarded Organs		0	0		0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		3	5			84.00	

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

Cost Center Description		Liver			Hospital		Tefra	
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)								
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition								
1.00	ADULTS & PEDIATRICS	38.00	5,256	1,336.03	6	8,016	1.00	
2.00	INTENSIVE CARE UNIT	43.00	3,726	2,530.08	2	5,060	2.00	
3.00	CORONARY CARE UNIT	44.00	0	2,939.18	0	0	3.00	
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00	
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,793.52	0	0	6.00	
7.00	TOTAL (sum of lines 1-6)		8,982		8	13,076	7.00	
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
			0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition								
8.00	OPERATING ROOM		50.00	0.342255	27,364	9,365	8.00	
9.00	RECOVERY ROOM		51.00	0.569215	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY		53.00	0.037342	6,168	230	11.00	
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.212333	1,870	397	12.00	
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.330625	0	0	13.00	
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00	
15.00	CT SCAN		57.00	0.022100	910	20	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.042002	5,770	242	16.00	
17.00	CARDIAC CATHETERIZATION		59.00	0.305128	0	0	17.00	
18.00	LABORATORY		60.00	0.223176	25,313	5,649	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.284516	4,555	1,296	21.00	
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY		65.00	0.277753	1,422	395	23.00	
24.00	PHYSICAL THERAPY		66.00	0.811793	262	213	24.00	
25.00	OCCUPATIONAL THERAPY		67.00	0.356302	144	51	25.00	
26.00	SPEECH PATHOLOGY		68.00	0.541080	0	0	26.00	
27.00	ELECTROCARDIOLOGY		69.00	0.496106	1,015	504	27.00	
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281225	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.297150	14,444	4,292	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.556781	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.343478	7,372	2,532	31.00	
32.00	RENAL DIALYSIS		74.00	0.822552	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)		75.00	0.942188	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00	
37.00	CLINIC		90.00	1.761796	0	0	37.00	
38.00	EMERGENCY		91.00	0.433572	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322182	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00	
41.00	TOTAL (sum of lines 8-40)				96,609	25,186	41.00	
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
			0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)								
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program								
42.00	ADULTS & PEDIATRICS		2.00	0.00	6	0	42.00	
43.00	INTENSIVE CARE UNIT		3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)				8	0	48.00	

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

Cost Center Description	Liver		Hospital		Tefra	
	D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		

49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	38,262		105,591		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	550,014		941,287		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	588,276		1,046,878		61.00
62.00	Total Usable Organs (see instructions)		11			62.00
63.00	Medicare Usable Organs (see instructions)		2			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.181818			64.00
65.00	Medicare Cost/Charges (see instructions)	106,959		190,341		65.00
66.00	Revenue for Organs Sold	17,284		17,284		66.00
67.00	Subtotal (Line 65 minus line 66)	89,675		173,057		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	89,675	0	173,057	0	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		1	2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	8		73.00
74.00	Total (sum of lines 70 thru 73)		1	10		74.00
75.00	Organs Transplanted		1	8	941,287	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	2	17,284	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		1	10		84.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

		Heart		Hospital		Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,336.03	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	962	2,530.08	1	2,530	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,939.18	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,793.52	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		962		1	2,530	7.00
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0		1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00		0.342255	3,191	1,092	8.00
9.00	RECOVERY ROOM	51.00		0.569215	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00		0.037342	480	18	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00		0.212333	166	35	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00		0.330625	0	0	13.00
14.00	RADIOISOTOPE	56.00		0.000000	0	0	14.00
15.00	CT SCAN	57.00		0.022100	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		0.042002	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00		0.305128	0	0	17.00
18.00	LABORATORY	60.00		0.223176	3,061	683	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00		0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00		0.284516	503	143	21.00
22.00	INTRAVENOUS THERAPY	64.00		0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00		0.277753	717	199	23.00
24.00	PHYSICAL THERAPY	66.00		0.811793	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00		0.356302	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00		0.541080	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00		0.496106	1,954	969	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00		0.281225	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0.297150	3,797	1,128	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.556781	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00		0.343478	640	220	31.00
32.00	RENAL DIALYSIS	74.00		0.822552	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00		0.942188	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00		0.000000	0	0	34.00
35.00	RURAL HEALTH CLINIC	88.00		0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00		0.000000	0	0	36.00
37.00	CLINIC	90.00		1.761796	0	0	37.00
38.00	EMERGENCY	91.00		0.433572	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00		1.322182	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				14,509	4,487	41.00
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00		2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00		0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00		0.00	1	0	43.00
44.00	CORONARY CARE UNIT	4.00		0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00		0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00		0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00		0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

		Heart		Hospital		Tefra	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	7,017		15,471			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,432,035		2,030,372			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,439,052		2,045,843			61.00
62.00	Total Usable Organs (see instructions)		16				62.00
63.00	Medicare Usable Organs (see instructions)		1				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.062500				64.00
65.00	Medicare Cost/Charges (see instructions)	89,941		127,865			65.00
66.00	Revenue for Organs Sold	10,830		10,830			66.00
67.00	Subtotal (Line 65 minus line 66)	79,111		117,035			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	79,111	0	117,035	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	1			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	15			73.00
74.00	Total (sum of lines 70 thru 73)		0	16			74.00
75.00	Organs Transplanted		0	15	2,030,372		75.00
76.00	Organs Sold to Other Hospitals		0	1	10,830		76.00
77.00	Organs Sold to OPOs		0	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	16			84.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

		Lung		Hospital	Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,336.03	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,530.08	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,939.18	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,793.52	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.342255	0	8.00
9.00	RECOVERY ROOM		51.00	0.569215	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.037342	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.212333	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.330625	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.022100	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.042002	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.305128	0	17.00
18.00	LABORATORY		60.00	0.223176	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.284516	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.277753	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.811793	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.356302	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.541080	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.496106	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.281225	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.297150	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.556781	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.343478	0	31.00
32.00	RENAL DIALYSIS		74.00	0.822552	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.942188	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	1.761796	0	37.00
38.00	EMERGENCY		91.00	0.433572	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.322182	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				0	48.00

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

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/20/2014 11:08 am

		Lung		Hospital		Tefra	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0		0	56.00
57.00	Interns and Residents (inpatient)	0		0		0	57.00
58.00	Interns and Residents (outpatient)	0		0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	658,571		996,456		0	59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		0	60.00
61.00	Total (sum of lines 56 thru 60)	658,571		996,456		0	61.00
62.00	Total Usable Organs (see instructions)		16			0	62.00
63.00	Medicare Usable Organs (see instructions)		0			0	63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000			0	64.00
65.00	Medicare Cost/Charges (see instructions)	0		0		0	65.00
66.00	Revenue for Organs Sold	0		0		0	66.00
67.00	Subtotal (Line 65 minus line 66)	0		0		0	67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0		0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		16		73.00
74.00	Total (sum of lines 70 thru 73)		0		16		74.00
75.00	Organs Transplanted		0		16	996,456	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0	0	81.00
82.00	Organs Used for Research		0		0	0	82.00
83.00	Unusable/Discarded Organs		0		0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0		16		84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/20/2014 11:08 am
		Title XVII	Hospital	Tefra
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,069	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		158,392	2.00
3.00	PPS payments		72,209	3.00
4.00	Outlier payment (see instructions)		24,047	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		140,969	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		68.28	7.00
8.00	Transitional corridor payment (see instructions)		44,713	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,069	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		26,402	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)		26,402	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)		26,402	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,333	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)		7,069	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)		140,969	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		15,736	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)		132,302	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		3,378	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)		135,680	30.00
31.00	Primary payer payments		385	31.00
32.00	Subtotal (line 30 minus line 31)		135,295	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		135,295	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)		135,295	40.00
40.01	Sequestration adjustment (see instructions)		2,043	40.01
41.00	Interim payments		178,752	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-45,500	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: 263301

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2014 11:08 am

Title XVIII

Hospital

Tefra

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,076,019		178,752	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/01/2013	86,500		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)		86,500		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)		1,162,519		178,752	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		41,478		45,500	6.02
7.00	Total Medicare program liability (see instructions)		1,121,041		133,252	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: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra
				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		10,529	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		222	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		70,181	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		803,429,318	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	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)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part I Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		889,087	1.00
2.00	Organ acquisition		258,881	2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		1,147,968	4.00
5.00	Primary payer payments		6,888	5.00
6.00	Subtotal (line 4 less line 5)		1,141,080	6.00
7.00	Deductibles		26,048	7.00
8.00	Subtotal (line 6 minus line 7)		1,115,032	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		1,115,032	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		1,115,032	14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		23,196	15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		1,138,228	18.00
18.01	Sequestration adjustment (see instructions)		17,187	18.01
19.00	Interim payments		1,162,519	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program line 18 minus lines 18.01, 19 and 20		-41,478	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/20/2014 11:08 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	41,434,425			1.00
2.00	Medical and other services		8,151,952		2.00
3.00	Organ acquisition (certified transplant centers only)	600,000			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	42,034,425	8,151,952		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	42,034,425	8,151,952		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	28,157,759			8.00
9.00	Ancillary service charges	61,428,766	25,205,400		9.00
10.00	Organ acquisition charges, net of revenue	600,000			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	90,186,525	25,205,400		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	90,186,525	25,205,400		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	48,152,100	17,053,448		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	42,034,425	8,151,952		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	42,034,425	8,151,952		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	42,034,425	8,151,952		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	42,034,425	8,151,952		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	42,034,425	8,151,952		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	2,705,421			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	44,739,846	8,151,952		40.00
41.00	Interim payments	24,146,128	8,843,472		41.00
42.00	Balance due provider/program (line 40 minus 41)	20,593,718	-691,520		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/20/2014 11:08 am	
		Title XVII I	Hospital	Tefra	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			169.23	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	83.98	62.29	146.27	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.	57.96	42.99	100.95	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	57.96	42.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.58	43.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.51	43.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.68	43.34		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	57.68	43.34		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,797,009	3,604,410	8,401,419	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)			52.44	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)			8,401,419	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	222	0		26.00
27.00	Total Inpatient Days (see instructions)	70,181	70,181		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003163	0.000000		28.00
29.00	Program direct GME amount	26,574	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			26,574	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/20/2014 11:08 am
		Title XVIII	Hospital	Tefra
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,584,331	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)		881,437	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		258,881	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)		6,888	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,133,430	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		165,461	42.00
43.00	Primary payer payments (see instructions)		385	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		165,076	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,298,506	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.872872	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.127128	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		26,574	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		23,196	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		3,378	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/20/2014 11:08 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			169.23	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	83.98	62.29	146.27	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.	57.96	42.99	100.95	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	57.96	42.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.58	43.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.51	43.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.68	43.34		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	57.68	43.34		17.00
18.00	Per resident amount	83,165.90	83,165.90		18.00
19.00	Approved amount for resident costs	4,797,009	3,604,410	8,401,419	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)			52.44	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)			8,401,419	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	12,862	11,340		26.00
27.00	Total Inpatient Days (see instructions)	70,181	70,181		27.00
28.00	Ratio of inpatient days to total inpatient days	0.183269	0.161582		28.00
29.00	Program direct GME amount	1,539,720	1,357,518		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		191,817		30.00
31.00	Net Program direct GME amount			2,705,421	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/20/2014 11:08 am
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			2,705,421 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 263301

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

Worksheet G

Date/Time Prepared:
5/20/2014 11:08 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	323,742	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	76,569,952	0	0	0	4.00
5.00	Other receivable	2,312,960	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,019,311	0	0	0	7.00
8.00	Prepaid expenses	803,358	0	0	0	8.00
9.00	Other current assets	7,566,041	0	0	0	9.00
10.00	Due from other funds	7,585,036	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	104,180,400	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	25,562	0	0	0	13.00
14.00	Accumulated depreciation	-5,620	0	0	0	14.00
15.00	Buildings	327,583,236	0	0	0	15.00
16.00	Accumulated depreciation	-216,868,174	0	0	0	16.00
17.00	Leasehold improvements	19,939,368	0	0	0	17.00
18.00	Accumulated depreciation	-1,323,996	0	0	0	18.00
19.00	Fixed equipment	1,852,718	0	0	0	19.00
20.00	Accumulated depreciation	-686,094	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	203,773,648	0	0	0	23.00
24.00	Accumulated depreciation	-160,548,571	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	1,744,712	0	0	0	27.00
28.00	Accumulated depreciation	-660,434	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)	181,334,721	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	14	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	285,515,135	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,346,186	0	0	0	37.00
38.00	Salaries, wages, and fees payable	18,906,504	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	39,678,615	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	64,931,305	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	233,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	233,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,164,305	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	220,350,830				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)	220,350,830	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	285,515,135	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 263301

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

Worksheet G-1

Date/Time Prepared:
5/20/2014 11:08 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		220,135,054		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		46,769,433			2.00
3.00	Total (sum of line 1 and line 2)		266,904,487		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	OTHER INCOME	388,319		0		5.00
6.00	TEMP RESTRICTED INCOME	1,135,125		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)		1,523,444		0	10.00
11.00	Subtotal (line 3 plus line 10)		268,427,931		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFERS TO/FROM BJC	48,077,101		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)		48,077,101		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		220,350,830		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	Additions (credit adjustments) (specify)		0			4.00
5.00	OTHER INCOME		0			5.00
6.00	TEMP RESTRICTED INCOME		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	TRANSFERS TO/FROM BJC		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: 263301

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2014 11:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,377,192		43,377,192	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	43,377,192		43,377,192	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,493,028		22,493,028	11.00
12.00	CORONARY CARE UNIT	13,198,042		13,198,042	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	65,096,502		65,096,502	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	100,787,572		100,787,572	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	144,164,764		144,164,764	17.00
18.00	Ancillary services	360,910,041	226,251,936	587,161,977	18.00
19.00	Outpatient services	11,364,755	54,041,684	65,406,439	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	5,297,127	1,524,106	6,821,233	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHARMACY, CLINIC, OTHER	238,454	5,573,303	5,811,757	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	521,975,141	287,391,029	809,366,170	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		423,201,254		29.00
30.00	HOME OFFICE ALLOCATIONS	34,679,208			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)		34,679,208		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		457,880,462		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263301

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

Worksheet G-3

Date/Time Prepared:
5/20/2014 11:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	809,366,170	1.00
2.00	Less contractual allowances and discounts on patients' accounts	326,820,097	2.00
3.00	Net patient revenues (line 1 minus line 2)	482,546,073	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	457,880,462	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,665,611	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,658,814	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	5,514,936	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	49,210	21.00
22.00	Rental of hospital space	814,845	22.00
23.00	Governmental appropriations	0	23.00
24.00	VARIOUS OTHER INCOME	11,732,201	24.00
24.01	HIT MEDICAID	2,022,249	24.01
25.00	Total other income (sum of lines 6-24)	22,792,255	25.00
26.00	Total (line 5 plus line 25)	47,457,866	26.00
27.00	PHYSICIAN PRACTICE	688,433	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	688,433	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	46,769,433	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

Period:

Worksheet I-1

Component CCN: 262309

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

Date/Time Prepared:
5/20/2014 11:08 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	138,280	Hours of Service	3,811.00	1.83	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	96,621	Accumulated Cost			7.00
8.00	Non-patient Care Salary	44,262	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	279,163				9.00
10.00	Employee Benefits	65,683	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	312,920	Requisitions			14.00
15.00	Drugs	31,117	Requisitions			15.00
16.00	Other	43,700	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	732,583				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	56,268	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	89,834	Percentage of Time			19.00
20.00	Employee Benefits Department	8,074	Salary			20.00
21.00	Administrative & General	285,095	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	139,622	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	106,850	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,418,326				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,418,326				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-2
		Component CCN: 262309		Date/Time Prepared: 5/20/2014 11:08 am
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Builing	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	195,890	89,834	138,280	0	73,757	31,117	1.00
MAINTENANCE								
2.00	Hemodialysis	77,528	35,934	62,228	0	29,193	12,316	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	118,362	53,900	76,052	0	44,564	18,801	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	195,890	89,834	138,280	0	73,757	31,117	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	312,920	0	841,798	576,528	1,418,326		1.00
MAINTENANCE								
2.00	Hemodialysis	123,852	0	341,051	233,578	574,629		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	189,068	0	500,747	342,950	843,697		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	312,920	0	841,798	576,528	1,418,326		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,418,326		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/20/2014 11:08 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		195,890	89,834	138,280	0	73,757	1.00
MAINTENANCE								
2.00	Hemodialysis		1,236	0.40	1,715.00	0.00	25,997	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	661	1,887	0.60	2,096.00	0.00	39,686	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		3,123	1.00	3,811.00	0.00	65,683	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		62.724944	89,834.000000	36.284440	0.000000	1.122924	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	31,117	312,920	0	841,798	576,528		1.00
MAINTENANCE								
2.00	Hemodialysis	12,316	72,368	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	18,801	110,474	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	0						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	31,117	182,842	0		841,798		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.711423	0.000000		0.684877		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-4
Date/Time Prepared:
5/20/2014 11:08 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
1.00	Maintenance - Hemodialysis	434	574,629	1,324.03	0	138	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.00	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	434	574,629		0	138	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	434					12.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.00	6.02	7.00	7.02	
1.00	Maintenance - Hemodialysis	182,716	0	40,536	0.00	293.74	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.00	6.02	7.00	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	182,716	0	40,536			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

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

Worksheet I-1
Date/Time Prepared:
5/20/2014 11:08 am

Home Program
Dialysis

Tefra

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	0	Hours of Service	0.00	0.00	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	0				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	607	Requisitions			15.00
16.00	Other	320	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	927				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits Department	0	Salary			20.00
21.00	Administrative & General	298	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	0	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	0	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,225				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,225				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-2 Date/Time Prepared: 5/20/2014 11:08 am
			Home Program Dialysis	Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	0	0	0	0	0	607	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	607	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	0	0	0	0	607	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	607	618	1,225		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	607	618	1,225		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	0	0	607	618	1,225		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					1,225		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-3
			Home Program Dialysis	Date/Time Prepared: 5/20/2014 11:08 am
				Tefra

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00		
1.00	Total Renal Department Costs		0	0	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCPD		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCPD		0	0.00	1.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		0	0.00	1.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	0.000000	0.000000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	607	0	0	607	618	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	607	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0					14.00
15.00	ARANESP	0					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	607	0	0		607	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	0.000000	0.000000		1.018122	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 263301	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-4 Date/Time Prepared: 5/20/2014 11:08 am
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	Rate 0	Home Program Dialysis	Tefra
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	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
	1.00	2.00	3.00	4.00	4.02	
1.00 Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00 Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00 Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00 Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00 Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00 Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00 Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00 Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
	Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
	1.00	2.00	3.00	4.00	4.02	
9.00 Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00 Home Program - Continuous Cycling Peritoneal Dialysis	475	1,225	2.58	0	274	10.00
11.00 Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	0	1,225		0	0	11.00
12.00 Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	1,425					12.00
	Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
	5.00	6.00	6.02	7.00	7.02	
1.00 Maintenance - Hemodialysis	0	0	0	0.00	0.00	1.00
2.00 Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00 Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00 Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00 Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00 Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00 Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00 Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
		(prior to Jan. 1)	(on/after Jan. 1)			
	5.00	6.00	6.02	7.00	7.02	
9.00 Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00 Home Program - Continuous Cycling Peritoneal Dialysis	707	0	214,775	0.00	783.85	10.00
11.00 Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	707	0	214,775			11.00
12.00 Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 263301

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

Worksheet I-5

Date/Time Prepared:
5/20/2014 11:08 am

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	183,423		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	255,311	255,311	2.02
2.03	Total payment due (see instructions)	255,311	255,311	2.03
2.04	Outlier payments	1,265		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	204,249	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	575,854		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	575,854		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00