

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: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 9:55 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: 5/29/2014 Time: 9:55 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 MONROE CLINIC ( 520028 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	152,832	166,844	-42,680	1,132,414	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	152,832	166,844	-42,680	1,132,414	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: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:47 am															
1.00		2.00		3.00		4.00																	
Hospital and Hospital Health Care Complex Address:																							
1.00	Street: 515 22ND AVENUE			PO Box:						1.00													
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN		2.00													
Component Name																							
Component Identification:																							
1.00																							
2.00																							
3.00																							
4.00																							
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15.00																							
16.00																							
17.00																							
17.10																							
18.00																							
19.00																							
Hospital and Hospital-Based Component Identification:																							
3.00	Hospital			MONROE CLINIC		520028		99952		1		07/01/1966		N		P		O		3.00			
4.00	Subprovider - IPF																			4.00			
5.00	Subprovider - IRF																			5.00			
6.00	Subprovider - (Other)																			6.00			
7.00	Swing Beds - SNF																			7.00			
8.00	Swing Beds - NF																			8.00			
9.00	Hospital-Based SNF																			9.00			
10.00	Hospital-Based NF																			10.00			
11.00	Hospital-Based OLTC																			11.00			
12.00	Hospital-Based HHA			MONROE CLINIC HOMECARE		527157		99952				05/21/1985		N		P		N		12.00			
13.00	Separately Certified ASC																			13.00			
14.00	Hospital-Based Hospice			MONROE CLINIC HOSPICE		521523		99952				09/01/1988								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			
17.10	Hospital-Based (CORF) I																			17.10			
18.00	Renal Dialysis																			18.00			
19.00	Other																			19.00			
										From:		To:											
										1.00		2.00											
20.00	Cost Reporting Period (mm/dd/yyyy)										01/01/2013		12/31/2013								20.00		
21.00	Type of Control (see instructions)												1								21.00		
										Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.										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 days		Medicaid HMO days		Other Medicaid days			
										1.00		2.00		3.00		4.00		5.00		6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.										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
										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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:47 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
		1.00					
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)				N	63.00	
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00		2.00	3.00		
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code			
		1.00		2.00			
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00		2.00	3.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00		2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
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.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	681,748	7,911	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			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		Y	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
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)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:47 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2012	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:47 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
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/13/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:47 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				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
<b>Cost Report Preparer Contact Information</b>					
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.	RI CHARD		DONKLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-2343		RDONKLE@RWHC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/13/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	FINANCIAL CONSULTANT	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: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/29/2014 9:47 am
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
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	
<b>CRITICAL ACCESS HOSPITALS</b>				
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	
<b>RCE DISALLOWANCE</b>				
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
<b>PASS THROUGH COST</b>				
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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	89	32,485	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)		89	32,485	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		95	34,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		95				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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 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)	4,479	306	8,817			1.00
2.00 HMO and other (see instructions)	697	462				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)	4,479	306	8,817			7.00
8.00 INTENSIVE CARE UNIT	700	0	1,113			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		55	957			13.00
14.00 Total (see instructions)	5,179	361	10,887	0.85	1,008.71	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	8,630	0	12,348	0.00	21.78	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.85	1,030.49	27.00
28.00 Observation Bed Days		0	506			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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,411	85	2,795	1.00
2.00 HMO and other (see instructions)			186			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,411	85	2,795	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	79,302,442	0	79,302,442	2,143,419.20	37.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		28,693,545	0	28,693,545	218,088.00	131.57
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	61,166	61,166	1,934.40	31.62
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,631,333	0	3,631,333	124,238.40	29.23
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		785,593	0	785,593	13,341.00	58.89
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		15,320,592	0	15,320,592		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,183,815	0	1,183,815		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,224,675	0	4,224,675		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	872,939	1,147,067	2,020,006	38,833.60	52.02
27.00	Administrative & General	5.00	10,392,317	-1,147,067	9,245,250	302,827.20	30.53
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,063,791	0	1,063,791	45,884.80	23.18
30.00	Operation of Plant	7.00	247,487	0	247,487	6,260.80	39.53
31.00	Laundry & Linen Service	8.00	162,831	0	162,831	12,750.40	12.77
32.00	Housekeeping	9.00	566,981	0	566,981	48,817.60	11.61
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	747,722	0	747,722	57,720.00	12.95
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	102,890	0	102,890	3,161.60	32.54
39.00	Central Services and Supply	14.00	404,285	0	404,285	25,896.00	15.61
40.00	Pharmacy	15.00	1,653,016	0	1,653,016	42,764.80	38.65
41.00	Medical Records & Medical Records Library	16.00	395,553	0	395,553	26,811.20	14.75

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	142,867	0	142,867	5,657.60	25.25	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2014 9:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	50,608,897	-61,166	50,547,731	1,923,396.80	26.28	1.00
2.00	Excluded area salaries (see instructions)	3,631,333	0	3,631,333	124,238.40	29.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,977,564	-61,166	46,916,398	1,799,158.40	26.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	785,593	0	785,593	13,341.00	58.89	4.00
5.00	Subtotal wage-related costs (see inst.)	15,320,592	0	15,320,592	0.00	32.66	5.00
6.00	Total (sum of lines 3 thru 5)	63,083,749	-61,166	63,022,583	1,812,499.40	34.77	6.00
7.00	Total overhead cost (see instructions)	16,752,679	0	16,752,679	617,385.60	27.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 9:47 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,486,453 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,880,424 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			10,609,136 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			338,955 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			70,908 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			668,820 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			339,029 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,831,048 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			81,605 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			422,704 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>20,729,082 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 520028

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 520028 Component CCN: 527157		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/29/2014 9:47 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	GREEN				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	839	8	12	859	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	534.00	27.00	204.00	765.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.55	0.00	0.55	4.00
5.00	Other Administrative Personnel				3.40	0.00	3.40	5.00
6.00	Direct Nursing Service				10.10	0.00	10.10	6.00
7.00	Nursing Supervisor				2.00	0.00	2.00	7.00
8.00	Physical Therapy Service				2.82	0.20	3.02	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				1.69	0.00	1.69	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.01	0.01	0.02	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.19	0.00	1.19	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				99952			20.00
20.01					27500			20.01
20.02					31540			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	4,777	63	176	57	5,073	21.00	
22.00	Skilled Nursing Visit Charges	852,482	11,470	28,550	10,175	902,677	22.00	
23.00	Physical Therapy Visits	1,726	0	48	21	1,795	23.00	
24.00	Physical Therapy Visit Charges	324,951	0	8,924	3,686	337,561	24.00	
25.00	Occupational Therapy Visits	858	9	6	7	880	25.00	
26.00	Occupational Therapy Visit Charges	199,748	2,088	1,288	1,663	204,787	26.00	
27.00	Speech Pathology Visits	33	0	0	7	40	27.00	
28.00	Speech Pathology Visit Charges	7,776	0	0	1,701	9,477	28.00	
29.00	Medical Social Service Visits	45	1	0	3	49	29.00	
30.00	Medical Social Service Visit Charges	9,135	203	0	609	9,947	30.00	
31.00	Home Health Aide Visits	769	17	0	7	793	31.00	
32.00	Home Health Aide Visit Charges	69,828	1,564	0	644	72,036	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,208	90	230	102	8,630	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,463,920	15,325	38,762	18,478	1,536,485	35.00	
36.00	Total Number of Episodes (standard/non outlier)	550		71	7	628	36.00	
37.00	Total Number of Outlier Episodes		2		1	3	37.00	
38.00	Total Non-Routine Medical Supply Charges	71,907	616	1,968	92	74,583	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 520028  
Component CCN: 521523

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
5/29/2014 9:47 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	11,343	266	1,074	0	655	12,264	2.00
3.00	Inpatient Respite Care	9	0	0	0	0	9	3.00
4.00	General Inpatient Care	1	1	0	0	0	2	4.00
5.00	Total Hospice Days	11,353	267	1,074	0	655	12,275	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	181	6	22	0	19	206	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	62.72	44.50	48.82	0.00	34.47	59.59	8.00
9.00	Unduplicated Census Count	181	6	22	0	19	206	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 9:47 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.372072		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		3,032,463		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		7,296,654		6.00
7.00	Medicaid cost (line 1 times line 6)		2,714,881		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,757,959	0	11,757,959	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,374,807	0	4,374,807	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,374,807	0	4,374,807	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,779,034	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			254,440	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,524,594	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,055,547	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,430,354	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,430,354	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		5,512,178		5,512,178	220,137	5,732,315	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	872,939	1,634,719	2,507,658	2,727,533	5,235,191	4.00	
5.01	00520	DATA PROCESSING	3,109,502	6,821,786	9,931,288	-414,124	9,517,164	5.01	
5.02	00510	NONPATIENT TELEPHONES	147,593	51,016	198,609	243,505	442,114	5.02	
5.03	00530	PURCHASING RECEIVING AND STORES	139,276	36,999	176,275	0	176,275	5.03	
5.04	00540	ADMINITTING	215,566	78,699	294,265	0	294,265	5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	775,693	394,250	1,169,943	0	1,169,943	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	6,004,687	17,249,819	23,254,506	-4,571,817	18,682,689	5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,063,791	3,410,047	4,473,838	-1,671,658	2,802,180	6.00	
7.00	00700	OPERATION OF PLANT	247,487	138,035	385,522	1,273,803	1,659,325	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	162,831	153,619	316,450	0	316,450	8.00	
9.00	00900	HOUSEKEEPING	566,981	751,439	1,318,420	-270,595	1,047,825	9.00	
10.00	01000	DIETARY	747,722	763,303	1,511,025	0	1,511,025	10.00	
11.00	01100	CAFETERIA	0	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	102,890	85,075	187,965	0	187,965	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	404,285	779,522	1,183,807	-339,696	844,111	14.00	
15.00	01500	PHARMACY	1,653,016	2,354,432	4,007,448	0	4,007,448	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	395,553	211,547	607,100	0	607,100	16.00	
17.00	01700	SOCIAL SERVICE	142,867	48,048	190,915	0	190,915	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	61,166	61,166	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	152,844	48,366	201,210	0	201,210	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	5,231,714	1,776,514	7,008,228	-21,234	6,986,994	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,034,892	340,981	1,375,873	-15,359	1,360,514	31.00	
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	379,791	152,950	532,741	0	532,741	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	1,444,442	5,987,353	7,431,795	-3,595,594	3,836,201	50.00	
51.00	05100	RECOVERY ROOM	304,805	78,751	383,556	-763	382,793	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	458,369	184,595	642,964	-22,046	620,918	52.00	
53.00	05300	ANESTHESIOLOGY	1,918,616	809,569	2,728,185	-50,861	2,677,324	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,367,837	1,942,348	3,310,185	-606,713	2,703,472	54.00	
57.00	05700	CT SCAN	325,959	456,328	782,287	-86,189	696,098	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	258,660	593,474	852,134	-54,190	797,944	58.00	
59.00	05900	CARDIAC CATHETERIZATION	808,448	2,148,956	2,957,404	-1,446,925	1,510,479	59.00	
60.00	06000	LABORATORY	2,969,365	3,621,607	6,590,972	0	6,590,972	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	557,333	263,971	821,304	-18,883	802,421	65.00	
66.00	06600	PHYSICAL THERAPY	883,622	313,025	1,196,647	-4,053	1,192,594	66.00	
67.00	06700	OCCUPATIONAL THERAPY	299,719	84,349	384,068	-738	383,330	67.00	
68.00	06800	SPEECH PATHOLOGY	0	180,907	180,907	0	180,907	68.00	
69.00	06900	ELECTROCARDIOLOGY	275,791	117,223	393,014	-352	392,662	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,004,070	4,004,070	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,404,935	2,404,935	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	1,126,394	297,062	1,423,456	-5,207	1,418,249	75.00	
75.01	07501	PROCTO/ENTERO/GASTRO	371,664	394,631	766,295	-119,641	646,654	75.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	34,811,597	18,124,879	52,936,476	2,463,216	55,399,692	90.00	
91.00	09100	EMERGENCY	3,724,660	1,323,543	5,048,203	-81,525	4,966,678	91.00	
91.01	09101	CARDIAC REHAB	211,908	79,940	291,848	-202	291,646	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0	0	0	99.10	
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	95,995	105,270	201,265	0	201,265	100.00	
101.00	10100	HOME HEALTH AGENCY	1,399,267	708,565	2,107,832	0	2,107,832	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
116.00	11600	HOSPICE	655,099	511,027	1,166,126	0	1,166,126	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,821,470	81,120,717	158,942,187	0	158,942,187	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	147,342	270,963	418,305	0	418,305	190.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet A Date/Time Prepared: 5/29/2014 9:47 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	328	328	0	328	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	1,333,630	4,497,927	5,831,557	0	5,831,557	194.04
200.00		TOTAL (SUM OF LINES 118-199)	79,302,442	85,889,935	165,192,377	0	165,192,377	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

Period:  
From 01/01/2013  
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Worksheet A  
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	5,732,315	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,235,191	4.00
5.01	00520	DATA PROCESSING	0	9,517,164	5.01
5.02	00510	NONPATIENT TELEPHONES	0	442,114	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	176,275	5.03
5.04	00540	ADMINITTING	0	294,265	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,169,943	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,468,903	15,213,786	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,802,180	6.00
7.00	00700	OPERATION OF PLANT	-5,112	1,654,213	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,623	307,827	8.00
9.00	00900	HOUSEKEEPING	0	1,047,825	9.00
10.00	01000	DIETARY	-641,383	869,642	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-805	187,160	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,309	829,802	14.00
15.00	01500	PHARMACY	-10,545	3,996,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-114	606,986	16.00
17.00	01700	SOCIAL SERVICE	0	190,915	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	61,166	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	201,210	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,920,201	5,066,793	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,360,514	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	532,741	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,836,201	50.00
51.00	05100	RECOVERY ROOM	0	382,793	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	620,918	52.00
53.00	05300	ANESTHESIOLOGY	-2,545,729	131,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,703,472	54.00
57.00	05700	CT SCAN	0	696,098	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	797,944	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,510,479	59.00
60.00	06000	LABORATORY	-900,190	5,690,782	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	802,421	65.00
66.00	06600	PHYSICAL THERAPY	0	1,192,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	383,330	67.00
68.00	06800	SPEECH PATHOLOGY	0	180,907	68.00
69.00	06900	ELECTROCARDIOLOGY	0	392,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,004,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,404,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,418,249	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	646,654	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-26,089,293	29,310,399	90.00
91.00	09100	EMERGENCY	-1,785,684	3,180,994	91.00
91.01	09101	CARDIAC REHAB	0	291,646	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	201,265	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,107,832	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,166,126	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-37,390,891	121,551,296	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	418,305	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	328	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.01	07951	5 WEST	6.00	7.00	194.01
194.02	07952	LI FELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	5,831,557	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-37,390,891	127,801,486	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 520028

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

Worksheet Non-CMS W  
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 DATA PROCESSING	00520		5.01
5.02 NONPATIENT TELEPHONES	00510		5.02
5.03 PURCHASING RECEIVING AND STORES	00530		5.03
5.04 ADMINITTING	00540		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.01 PROCTO/ENTERO/GASTRO	07501		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
91.01 CARDIAC REHAB	09101		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	09910		99.10
100.00 I&R SERVICES - NOT APPRVD. PRGM.	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00

COST CENTERS USED IN COST REPORT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W Date/Time Prepared: 5/29/2014 9:47 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	MONROE CLINIC INN	07950		194.00
194.01	5 WEST	07951		194.01
194.02	LIFELINE	07952		194.02
194.03	PHARMACY NURSING HOME	07953		194.03
194.04	FREESTANDING CLINIC	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - TO RECLASSIFY PHONE COSTS</b>						
1.00	NONPATIENT TELEPHONES	5.02	0	414,124	1.00	
	TOTALS		0	414,124		
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,404,935	1.00	
	PATIENT					
2.00		0.00	0	0	2.00	
	TOTALS		0	2,404,935		
<b>C - TO RECLASS M/S COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	4,005,204	1.00	
	PATIENTS					
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	
	TOTALS		0	4,005,204		
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	81,605	1.00	
	TOTALS		0	81,605		
<b>E - TO RECLASSIFY WORKERS COMP</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	176,714	1.00	
	TOTALS		0	176,714		
<b>F - TO RECLASSIFY RETIREMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,322,147	1.00	
	TOTALS		0	1,322,147		
<b>G - INTEREST EXPENSE</b>						
1.00	NEW CAP REL COSTS-BLDG &	1.00	0	1,127,598	1.00	
	FIXT					
	TOTALS		0	1,127,598		
<b>I - TO RECLASSIFY RENTAL SPD</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,134	1.00	
	TOTALS		0	1,134		
<b>J - TO RECLASS CLINIC DEPRECIATION</b>						
1.00	CLINIC	90.00	0	907,461	1.00	
	TOTALS		0	907,461		
<b>L - TO RECLASS CLINIC HSKPG</b>						
1.00	CLINIC	90.00	0	270,595	1.00	
	TOTALS		0	270,595		
<b>M - TO RECLASS PROP TAXES</b>						
1.00	CLINIC	90.00	0	599,706	1.00	
	TOTALS		0	599,706		
<b>O - TO RECLASS UTILITIES TO PLANT</b>						
1.00	OPERATION OF PLANT	7.00	0	1,671,658	1.00	
	TOTALS		0	1,671,658		
<b>P - TO RECLASS GAIN SHARE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,147,067	0	1.00	
	TOTALS		1,147,067	0		
<b>Q - TO RECLASS PROPERTY INSURANCE</b>						
1.00	CLINIC	90.00	0	116,980	1.00	
	TOTALS		0	116,980		
<b>S - TO RECLASSIFY RESIDENT SALARIES</b>						
1.00	I&R SERVICES-SALARY &	21.00	0	61,166	1.00	
	FRINGES APPRVD					
	TOTALS		0	61,166		
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>						
1.00	CLINIC	90.00	0	170,619	1.00	
	TOTALS		0	170,619		

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	U - TO RECLASSIFY CLINIC UTILITIES					
1.00	CLINIC		90.00	0	397,855	1.00
	TOTALS			0	397,855	
500.00	Grand Total: Increases			1,147,067	13,729,501	500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - TO RECLASSIFY PHONE COSTS</b>							
1.00	DATA PROCESSING	5.01	0	414,124	0		1.00
	TOTALS		0	414,124			
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	1,873,353	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	531,582	0		2.00
	TOTALS		0	2,404,935			
<b>C - TO RECLASS M/S COSTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	340,830	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	21,234	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	15,359	0		3.00
4.00	OPERATING ROOM	50.00	0	1,722,241	0		4.00
5.00	RECOVERY ROOM	51.00	0	763	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,046	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	50,861	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	606,713	0		8.00
9.00	CT SCAN	57.00	0	86,189	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	54,190	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	915,343	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	18,883	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	4,053	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	738	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	352	0		15.00
16.00	ASC (NON-DISTINCT PART)	75.00	0	5,207	0		16.00
17.00	PROCTO/ENTERO/GASTRO	75.01	0	119,641	0		17.00
18.00	EMERGENCY	91.00	0	20,359	0		18.00
19.00	CARDIAC REHAB	91.01	0	202	0		19.00
	TOTALS		0	4,005,204			
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	81,605	0		1.00
	TOTALS		0	81,605			
<b>E - TO RECLASSIFY WORKERS COMP</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	176,714	0		1.00
	TOTALS		0	176,714			
<b>F - TO RECLASSIFY RETIREMENT</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,322,147	0		1.00
	TOTALS		0	1,322,147			
<b>G - INTEREST EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,127,598	11		1.00
	TOTALS		0	1,127,598			
<b>I - TO RECLASSIFY RENTAL SPD</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,134	0		1.00
	TOTALS		0	1,134			
<b>J - TO RECLASS CLINIC DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	907,461	9		1.00
	TOTALS		0	907,461			
<b>L - TO RECLASS CLINIC HSKPG</b>							
1.00	HOUSEKEEPING	9.00	0	270,595	0		1.00
	TOTALS		0	270,595			
<b>M - TO RECLASS PROP TAXES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	599,706	0		1.00
	TOTALS		0	599,706			
<b>O - TO RECLASS UTILITIES TO PLANT</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,671,658	0		1.00
	TOTALS		0	1,671,658			
<b>P - TO RECLASS GAIN SHARE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,147,067	0	0		1.00
	TOTALS		1,147,067	0			
<b>Q - TO RECLASS PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	116,980	12		1.00
	TOTALS		0	116,980			

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:  
5/29/2014 9:47 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	EMERGENCY	91.00	0	61,166	0	1.00
	TOTALS		0	61,166		
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	NONPATIENT TELEPHONES	5.02	0	170,619	0	1.00
	TOTALS		0	170,619		
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	397,855	0	1.00
	TOTALS		0	397,855		
500.00	Grand Total: Decreases		1,147,067	13,729,501		500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/29/2014 9:47 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - TO RECLASSIFY PHONE COSTS</b>						
1.00	NONPATIENT TELEPHONES	5.02	0	DATA PROCESSING	5.01	1.00
	TOTALS		0	TOTALS	0	
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	1.00
2.00		0.00	0	CARDIAC CATHETERIZATION	59.00	2.00
	TOTALS		0	TOTALS	0	
<b>C - TO RECLASS M/S COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	1.00
2.00		0.00	0	ADULTS & PEDIATRICS	30.00	2.00
3.00		0.00	0	INTENSIVE CARE UNIT	31.00	3.00
4.00		0.00	0	OPERATING ROOM	50.00	4.00
5.00		0.00	0	RECOVERY ROOM	51.00	5.00
6.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	6.00
7.00		0.00	0	ANESTHESIOLOGY	53.00	7.00
8.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	8.00
9.00		0.00	0	CT SCAN	57.00	9.00
10.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	10.00
11.00		0.00	0	CARDIAC CATHETERIZATION	59.00	11.00
12.00		0.00	0	RESPIRATORY THERAPY	65.00	12.00
13.00		0.00	0	PHYSICAL THERAPY	66.00	13.00
14.00		0.00	0	OCCUPATIONAL THERAPY	67.00	14.00
15.00		0.00	0	ELECTROCARDIOLOGY	69.00	15.00
16.00		0.00	0	ASC (NON-DISTINCT PART)	75.00	16.00
17.00		0.00	0	PROCTO/ENTERO/GASTRO	75.01	17.00
18.00		0.00	0	EMERGENCY	91.00	18.00
19.00		0.00	0	CARDIAC REHAB	91.01	19.00
	TOTALS		0	TOTALS	0	
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	
<b>E - TO RECLASSIFY WORKERS COMP</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	
<b>F - TO RECLASSIFY RETIREMENT</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	
<b>G - INTEREST EXPENSE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	
<b>I - TO RECLASSIFY RENTAL SPD</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.00
	TOTALS		0	TOTALS	0	
<b>J - TO RECLASS CLINIC DEPRECIATION</b>						
1.00	CLINIC	90.00	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
	TOTALS		0	TOTALS	0	
<b>L - TO RECLASS CLINIC HSKPG</b>						
1.00	CLINIC	90.00	0	HOUSEKEEPING	9.00	1.00
	TOTALS		0	TOTALS	0	
<b>M - TO RECLASS PROP TAXES</b>						
1.00	CLINIC	90.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	
<b>O - TO RECLASS UTILITIES TO PLANT</b>						
1.00	OPERATION OF PLANT	7.00	0	MAINTENANCE & REPAIRS	6.00	1.00
	TOTALS		0	TOTALS	0	
<b>P - TO RECLASS GAIN SHARE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,147,067	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		1,147,067	TOTALS	1,147,067	
<b>Q - TO RECLASS PROPERTY INSURANCE</b>						
1.00	CLINIC	90.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
	TOTALS		0	TOTALS	0	

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	EMERGENCY	91.00	0 1.00
	TOTALS		0	TOTALS		0
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	CLINIC	90.00	0	NONPATIENT TELEPHONES	5.02	0 1.00
	TOTALS		0	TOTALS		0
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	CLINIC	90.00	0	OPERATION OF PLANT	7.00	0 1.00
	TOTALS		0	TOTALS		0
500.00	Grand Total: Increases		1,147,067	Grand Total: Decreases		1,147,067 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,294,964	0	0	0	1.00
2.00	Land Improvements	6,130,013	7,642	0	7,642	2.00
3.00	Buildings and Fixtures	86,194,404	1,811,749	0	1,811,749	3.00
4.00	Building Improvements	43,749,390	46,283	0	46,283	4.00
5.00	Fixed Equipment	9,008,904	0	0	0	5.00
6.00	Movable Equipment	72,703,038	4,830,127	0	4,830,127	6.00
7.00	HIT designated Assets	3,765,003	-33,045	0	-33,045	7.00
8.00	Subtotal (sum of lines 1-7)	222,845,716	6,662,756	0	6,662,756	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,845,716	6,662,756	0	6,662,756	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,294,964	0			1.00
2.00	Land Improvements	6,137,655	0			2.00
3.00	Buildings and Fixtures	88,006,153	0			3.00
4.00	Building Improvements	43,795,673	0			4.00
5.00	Fixed Equipment	9,008,904	0			5.00
6.00	Movable Equipment	75,048,739	0			6.00
7.00	HIT designated Assets	3,731,958	0			7.00
8.00	Subtotal (sum of lines 1-7)	227,024,046	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	227,024,046	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,512,178	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,512,178	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,512,178				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,512,178				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	140,810,729	0	140,810,729	0.641240	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	78,780,697	0	78,780,697	0.358760	0	2.00
3.00	Total (sum of lines 1-2)	219,591,426	0	219,591,426	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,604,717	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,604,717	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,127,598	0	0	0	5,732,315	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,127,598	0	0	0	5,732,315	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:  
5/29/2014 9:47 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 #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-14,309	CENTRAL SERVICES & SUPPLY	14.00	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	-29,662,466			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	0			0	12.00
13.00 Laundry and linen service	B	-8,623	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-641,383	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-10,545	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-114	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	-5,112	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:  
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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	
33.00 HOSPITALIST MID LEVEL SALARIES	A	-151,032	ADULTS & PEDIATRICS	30.00	0 33.00
34.00 HOSPITALIST MID LEVEL FRINGES	A	-49,236	ADULTS & PEDIATRICS	30.00	0 34.00
35.00 INVESTMENT INCOME	B	-2,665,638	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
35.01 OUTREACH REVENUE	B	-805	NURSING ADMINISTRATION	13.00	0 35.01
36.00 ADVERTISING EXPENSE	A	-59,263	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00 MISC REVENUE	B	-25,110	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
38.00 MID LEVEL SALARIES	A	-2,818,534	CLINIC	90.00	0 38.00
39.00 MID LEVEL FRINGE BENEFITS	A	-918,842	CLINIC	90.00	0 39.00
40.00 E/R MID LEVEL	A	-271,402	CLINIC	90.00	0 40.00
41.00 E/R MID LEVEL FRINGES	A	-88,477	CLINIC	90.00	0 41.00
42.00		0		0.00	0 42.00
43.00		0		0.00	0 43.00
44.00		0		0.00	0 44.00
45.00		0		0.00	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,390,891			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2014 9:47 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	91.00	EMERGENCY	1,386,733	1,386,733	0	0	0	1.00
2.00	91.00	EMERGENCY	138,109	138,109	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	616,218	616,218	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	102,674	102,674	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,881,221	1,881,221	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	193,421	193,421	0	0	0	6.00
7.00	60.00	LABORATORY	823,107	823,107	0	0	0	7.00
8.00	60.00	LABORATORY	77,083	77,083	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,558,205	1,558,205	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	161,728	161,728	0	0	0	10.00
11.00	90.00	CLINIC	19,452,431	19,452,431	0	0	0	11.00
12.00	90.00	CLINIC	2,539,607	2,539,607	0	0	0	12.00
13.00	91.00	EMERGENCY	260,842	260,842	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	471,087	471,087	0	0	0	14.00
200.00			29,662,466	29,662,466	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
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	91.00	EMERGENCY	0	0	0	1,386,733	1.00
2.00	91.00	EMERGENCY	0	0	0	138,109	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	616,218	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	102,674	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,881,221	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	193,421	6.00
7.00	60.00	LABORATORY	0	0	0	823,107	7.00
8.00	60.00	LABORATORY	0	0	0	77,083	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,558,205	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	161,728	10.00
11.00	90.00	CLINIC	0	0	0	19,452,431	11.00
12.00	90.00	CLINIC	0	0	0	2,539,607	12.00
13.00	91.00	EMERGENCY	0	0	0	260,842	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	471,087	14.00
200.00			0	0	0	29,662,466	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,732,315	5,732,315				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,235,191	90,059		5,325,250		4.00
5.01 00520 DATA PROCESSING	9,517,164	46,594		214,263	9,778,021	5.01
5.02 00510 NONPATIENT TELEPHONES	442,114	4,647		10,170	82,865	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	176,275	7,017		9,597	248,594	5.03
5.04 00540 ADMITTING	294,265	27,913		14,854	248,594	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,169,943	28,269		53,450	994,375	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	15,213,786	197,746		334,719	2,651,663	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,802,180	94,721		73,302	0	6.00
7.00 00700 OPERATION OF PLANT	1,654,213	2,384,238		17,053	165,729	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	307,827	83,383		11,220	0	8.00
9.00 00900 HOUSEKEEPING	1,047,825	48,639		39,068	165,729	9.00
10.00 01000 DIETARY	869,642	132,006		51,523	165,729	10.00
11.00 01100 CAFETERIA	0	0		0	0	11.00
13.00 01300 NURSING ADMINISTRATION	187,160	21,779		7,090	82,865	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	829,802	74,662		27,858	248,594	14.00
15.00 01500 PHARMACY	3,996,903	30,376		113,903	248,594	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	606,986	25,559		27,256	331,458	16.00
17.00 01700 SOCIAL SERVICE	190,915	11,494		9,844	82,865	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	61,166	0		0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	201,210	1,673		10,532	82,865	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,066,793	590,294		360,496	414,323	30.00
31.00 03100 INTENSIVE CARE UNIT	1,360,514	85,164		71,310	82,865	31.00
41.00 04100 SUBPROVIDER - I&R	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	532,741	12,175		26,170	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,836,201	227,719		99,531	331,458	50.00
51.00 05100 RECOVERY ROOM	382,793	32,018		21,003	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	620,918	26,023		31,584	0	52.00
53.00 05300 ANESTHESIOLOGY	131,595	0		132,204	82,865	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,703,472	150,191		94,252	331,458	54.00
57.00 05700 CT SCAN	696,098	25,032		22,461	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	797,944	75,096		17,823	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,510,479	57,979		55,707	165,729	59.00
60.00 06000 LABORATORY	5,690,782	160,601		204,607	828,646	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	60.01
65.00 06500 RESPIRATORY THERAPY	802,421	13,693		38,404	82,865	65.00
66.00 06600 PHYSICAL THERAPY	1,192,594	80,331		60,887	165,729	66.00
67.00 06700 OCCUPATIONAL THERAPY	383,330	23,576		20,652	82,865	67.00
68.00 06800 SPEECH PATHOLOGY	180,907	10,038		0	82,865	68.00
69.00 06900 ELECTROCARDIOLOGY	392,662	0		19,004	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,004,070	0		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,404,935	0		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,418,249	108,709		77,615	82,865	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	646,654	29,803		25,610	82,865	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00 09000 CLINIC	29,310,399	0		2,398,754	0	90.00
91.00 09100 EMERGENCY	3,180,994	209,859		256,651	331,458	91.00
91.01 09101 CARDIAC REHAB	291,646	65,321		14,602	82,865	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0		0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	201,265	2,478		6,615	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,107,832	141,780		96,418	165,729	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0		0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0		0	0	113.00
116.00 11600 HOSPICE	1,166,126	3,067		45,140	165,729	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	121,551,296	5,441,722		5,223,202	9,363,698	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	418,305	32,018	0	10,153	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	86,744	0	0	0	192.00
194.00 07950	MONROE CLINIC INN	328	103,706	0	0	0	194.00
194.01 07951	5 WEST	0	0	0	0	0	194.01
194.02 07952	LIFELINE	0	0	0	0	0	194.02
194.03 07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954	FREESTANDING CLINIC	5,831,557	68,125	0	91,895	414,323	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	127,801,486	5,732,315	0	5,325,250	9,778,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510	539,796					5.02
5.03	00530	7,711	449,194				5.03
5.04	00540	7,711	48	593,385			5.04
5.05	00550	30,845	191	0	2,277,073		5.05
5.06	00560	74,543	2,464	0	0	18,474,921	5.06
6.00	00600	7,711	3,416	0	0	2,981,330	6.00
7.00	00700	10,282	71	0	0	4,231,586	7.00
8.00	00800	5,141	1,142	0	0	408,713	8.00
9.00	00900	5,141	2,962	0	0	1,309,364	9.00
10.00	01000	7,711	586	0	0	1,227,197	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	17,993	43	0	0	316,930	13.00
14.00	01400	5,141	6,402	0	0	1,192,459	14.00
15.00	01500	10,282	34,781	0	0	4,434,839	15.00
16.00	01600	23,134	54	0	0	1,014,447	16.00
17.00	01700	5,141	23	0	0	300,282	17.00
21.00	02100	0	0	0	0	61,166	21.00
22.00	02200	0	1	0	0	296,281	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	82,259	3,007	33,161	127,264	6,677,597	30.00
31.00	03100	10,282	1,123	8,153	31,291	1,650,702	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,570	0	2,400	9,212	585,268	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	15,423	97,086	130,749	501,602	5,239,769	50.00
51.00	05100	5,141	85	8,600	33,003	482,643	51.00
52.00	05200	2,570	0	7,817	29,998	718,910	52.00
53.00	05300	5,141	1,590	39,639	152,123	545,157	53.00
54.00	05400	23,134	14,018	40,378	154,962	3,511,865	54.00
57.00	05700	2,570	2,736	57,984	222,527	1,029,408	57.00
58.00	05800	5,141	1,348	40,974	157,249	1,095,575	58.00
59.00	05900	10,282	36,783	36,667	140,716	2,014,342	59.00
60.00	06000	30,845	2,532	40,881	156,890	7,115,784	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	10,282	1,404	22,185	85,141	1,056,395	65.00
66.00	06600	15,423	708	16,417	63,005	1,595,094	66.00
67.00	06700	5,141	181	5,612	21,537	542,894	67.00
68.00	06800	2,570	8	3,802	14,590	294,780	68.00
69.00	06900	5,141	470	17,767	68,183	503,227	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	4,004,070	71.00
72.00	07200	0	0	0	0	2,404,935	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	5,141	785	11,010	42,252	1,746,626	75.00
75.01	07501	2,570	4,154	0	0	791,656	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	132,904	0	0	31,842,057	90.00
91.00	09100	17,993	2,953	67,445	258,835	4,326,188	91.00
91.01	09101	2,570	82	1,734	6,655	465,475	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	2,570	7	0	0	212,935	100.00
101.00	10100	10,282	1,915	0	0	2,523,956	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	2,570	2,098	0	0	1,384,730	116.00
118.00		496,098	360,161	593,375	2,277,035	120,611,553	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5,141	4,221	0	0	469,838	190.00
192.00	19200	2,570	0	0	0	89,314	192.00
194.00	07950	25,705	7	10	38	129,794	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	10,282	84,805	0	0	6,500,987	194.04
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)	539,796	449,194	593,385	2,277,073	127,801,486	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00520	DATA PROCESSING					5.01	
5.02	00510	NONPATIENT TELEPHONES					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	ADMITTING					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	18,474,921				5.06	
6.00	00600	MAINTENANCE & REPAIRS	503,809	3,485,139			6.00	
7.00	00700	OPERATION OF PLANT	715,087	2,835,404	7,782,077		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	69,068	126,756	227,593	832,130	8.00	
9.00	00900	HOUSEKEEPING	221,267	47,641	132,759	12,183	1,723,214	9.00
10.00	01000	DIETARY	207,382	50,013	360,309	32,061	75,432	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	53,557	2,156	59,446	0	29,473	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	201,511	61,438	203,789	11,089	17,936	14.00
15.00	01500	PHARMACY	749,435	27,593	82,911	0	24,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	171,429	3,665	69,762	0	23,484	16.00
17.00	01700	SOCIAL SERVICE	50,744	216	31,372	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	10,336	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	50,068	0	4,566	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,128,434	28,671	1,611,200	402,568	537,640	30.00
31.00	03100	INTENSIVE CARE UNIT	278,949	17,677	232,455	52,542	64,526	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	98,903	0	33,232	131	45,392	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	885,458	48,072	621,557	27,669	151,495	50.00
51.00	05100	RECOVERY ROOM	81,561	9,701	87,393	74,022	36,187	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,487	0	71,030	0	46,117	52.00
53.00	05300	ANESTHESIOLOGY	92,125	216	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	593,463	862	409,946	19,027	136,364	54.00
57.00	05700	CT SCAN	173,958	4,096	68,324	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	185,139	1,725	204,973	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	340,400	3,234	158,254	0	0	59.00
60.00	06000	LABORATORY	1,202,482	30,180	438,358	5,683	68,844	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,518	1,725	37,375	7,894	53,619	65.00
66.00	06600	PHYSICAL THERAPY	269,552	21,126	219,263	26,394	33,413	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,743	0	64,350	0	26,415	67.00
68.00	06800	SPEECH PATHOLOGY	49,814	0	27,397	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	85,039	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	676,640	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	406,405	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	295,159	26,946	296,720	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	133,780	6,252	81,346	0	4,634	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,380,968	0	0	111,797	196,697	90.00
91.00	09100	EMERGENCY	731,074	53,677	572,808	38,660	108,625	91.00
91.01	09101	CARDIAC REHAB	78,660	7,976	178,294	0	4,192	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	35,983	0	6,765	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	426,518	14,228	386,988	0	23,169	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	234,003	4,743	8,371	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,259,908	3,435,989	6,988,906	821,720	1,708,273	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,397	3,449	87,393	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,093	0	236,767	0	0	192.00
194.00	07950	MONROE CLINIC INN	21,934	3,880	283,064	10,410	14,941	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	1,098,589	41,821	185,947	0	0	194.04
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)	18,474,921	3,485,139	7,782,077	832,130	1,723,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
From 01/01/2013  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,952,394					10.00
11.00	01100	1,675,750					11.00
13.00	01300	0	4,734	466,296			13.00
14.00	01400	0	38,772	0	1,726,994		14.00
15.00	01500	0	64,028	29,929	2,140	5,415,494	15.00
16.00	01600	0	40,142	0	0	0	16.00
17.00	01700	0	8,471	3,959	0	0	17.00
21.00	02100	0	7,723	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	228,363	243,281	113,717	168,236	797	30.00
31.00	03100	29,461	47,865	22,374	54,818	76	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	127	2,569	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	69,104	32,301	1,805	487	50.00
51.00	05100	0	10,962	5,124	3,431	0	51.00
52.00	05200	0	0	0	0	2,371	52.00
53.00	05300	0	15,478	7,235	68,436	0	53.00
54.00	05400	0	68,886	32,200	3,962	214	54.00
57.00	05700	0	14,512	6,783	0	3,448	57.00
58.00	05800	0	13,952	6,521	0	850	58.00
59.00	05900	0	31,921	14,921	723	0	59.00
60.00	06000	0	143,845	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	30,675	14,338	368	0	65.00
66.00	06600	0	42,976	20,088	1,585	0	66.00
67.00	06700	0	14,294	6,682	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	12,208	5,706	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	1,328,015	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	5,133,238	73.00
75.00	07500	18,176	47,928	22,403	9,407	0	75.00
75.01	07501	0	15,882	7,424	196	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	428,419	0	0	0	90.00
91.00	09100	644	131,886	61,648	58,298	2,852	91.00
91.01	09101	0	11,367	5,313	829	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	4,484	2,096	0	0	100.00
101.00	10100	0	67,827	31,705	13,680	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	29,585	13,829	1,703	268,592	116.00
118.00		1,952,394	1,661,207	466,296	1,717,759	5,415,494	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	14,543	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	65	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	9,170	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,952,394	1,675,750	466,296	1,726,994	5,415,494

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00520 DATA PROCESSING						5.01
5.02 00510 NONPATIENT TELEPHONES						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,322,929					16.00
17.00 01700 SOCIAL SERVICE	8,053	403,097				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	79,225			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	350,915		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	402,631	342,632	50,308	350,915	12,286,990	30.00
31.00 03100 INTENSIVE CARE UNIT	44,865	40,310	0	0	2,536,620	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,902	0	0	0	772,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	424,487	0	0	0	7,502,204	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	791,024	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,203	0	0	0	969,118	52.00
53.00 05300 ANESTHESIOLOGY	21,857	0	0	0	750,504	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,113	0	0	0	4,815,902	54.00
57.00 05700 CT SCAN	0	0	0	0	1,300,529	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,508,735	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	2,563,795	59.00
60.00 06000 LABORATORY	0	0	0	0	9,005,176	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	4,601	0	0	0	1,385,508	65.00
66.00 06600 PHYSICAL THERAPY	42,564	0	0	0	2,272,055	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	746,378	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	371,991	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	606,180	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,008,725	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,811,340	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	52,917	0	0	0	5,186,155	73.00
75.00 07500 ASC (NON-DISTINCT PART)	98,932	0	0	0	2,562,297	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	1,041,170	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	37,962	0	0	0	37,997,900	90.00
91.00 09100 EMERGENCY	128,842	20,155	28,917	0	6,264,274	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	752,106	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	262,263	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	3,488,071	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	1,945,556	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	1,322,929	403,097	79,225	350,915	118,505,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	654,620	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	341,174	192.00
194.00 07950 MONROE CLINIC INN	0	0	0	0	464,088	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	7,836,514	194.04
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,322,929	403,097	79,225	350,915	127,801,486	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00520	DATA PROCESSING		5.01
5.02	00510	NONPATIENT TELEPHONES		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-401,223	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	-28,917	91.00
91.01	09101	CARDIAC REHAB	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-430,140	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	341,174	192.00
194.00	07950	MONROE CLINIC INN	0	464,088	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	7,836,514	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-430,140	127,371,346	202.00

COST ALLOCATION STATISTICS

Provider CCN: 520028

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	DATA PROCESSING	7	NO OF	CRTS	5.01
5.02	NONPATIENT TELEPHONES	8	NO OF	EXTENSIONS	5.02
5.03	PURCHASING RECEIVING AND STORES	9	SUPPLY	COST	5.03
5.04	ADMINISTRATIVE	30	GROSS	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-11	ACCUM.	COST	5.06
6.00	MAINTENANCE & REPAIRS	12	MAINT	HOURS	6.00
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	15	HOURS OF	SERVICE	9.00
10.00	DIETARY	16	MEALS	SERVED	10.00
11.00	CAFETERIA	17	NO OF	FTE'S	11.00
13.00	NURSING ADMINISTRATION	19	NURSING	FTE'S	13.00
14.00	CENTRAL SERVICES & SUPPLY	20	COSTED	REQUIS.	14.00
15.00	PHARMACY	21	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	22	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	23	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ACCUM.	COST	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	90,059	0	90,059	4. 00
5. 01 00520	DATA PROCESSING	0	46,594	0	46,594	5. 01
5. 02 00510	NONPATIENT TELEPHONES	0	4,647	0	4,647	5. 02
5. 03 00530	PURCHASING RECEIVING AND STORES	0	7,017	0	7,017	5. 03
5. 04 00540	ADMITTING	0	27,913	0	27,913	5. 04
5. 05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	28,269	0	28,269	5. 05
5. 06 00560	OTHER ADMINISTRATION AND GENERAL	0	197,746	0	197,746	5. 06
6. 00 00600	MAINTENANCE & REPAIRS	0	94,721	0	94,721	6. 00
7. 00 00700	OPERATION OF PLANT	0	2,384,238	0	2,384,238	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	83,383	0	83,383	8. 00
9. 00 00900	HOUSEKEEPING	0	48,639	0	48,639	9. 00
10. 00 01000	DIETARY	0	132,006	0	132,006	10. 00
11. 00 01100	CAFETERIA	0	0	0	0	11. 00
13. 00 01300	NURSING ADMINISTRATION	0	21,779	0	21,779	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	74,662	0	74,662	14. 00
15. 00 01500	PHARMACY	0	30,376	0	30,376	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	25,559	0	25,559	16. 00
17. 00 01700	SOCIAL SERVICE	0	11,494	0	11,494	17. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,673	0	1,673	22. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	0	590,294	0	590,294	30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	85,164	0	85,164	31. 00
41. 00 04100	SUBPROVIDER - IRF	0	0	0	0	41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	42. 00
43. 00 04300	NURSERY	0	12,175	0	12,175	43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	0	227,719	0	227,719	50. 00
51. 00 05100	RECOVERY ROOM	0	32,018	0	32,018	51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	26,023	0	26,023	52. 00
53. 00 05300	ANESTHESIOLOGY	0	0	0	0	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	150,191	0	150,191	54. 00
57. 00 05700	CT SCAN	0	25,032	0	25,032	57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	75,096	0	75,096	58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	57,979	0	57,979	59. 00
60. 00 06000	LABORATORY	0	160,601	0	160,601	60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	60. 01
65. 00 06500	RESPIRATORY THERAPY	0	13,693	0	13,693	65. 00
66. 00 06600	PHYSICAL THERAPY	0	80,331	0	80,331	66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	23,576	0	23,576	67. 00
68. 00 06800	SPEECH PATHOLOGY	0	10,038	0	10,038	68. 00
69. 00 06900	ELECTROCARDIOLOGY	0	0	0	0	69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
75. 00 07500	ASC (NON-DISTINCT PART)	0	108,709	0	108,709	75. 00
75. 01 07501	PROCTO/ENTERO/GASTRO	0	29,803	0	29,803	75. 01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00 08800	RURAL HEALTH CLINIC	0	0	0	0	88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89. 00
90. 00 09000	CLINIC	0	0	0	0	90. 00
91. 00 09100	EMERGENCY	0	209,859	0	209,859	91. 00
91. 01 09101	CARDIAC REHAB	0	65,321	0	65,321	91. 01
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92. 00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99. 10 09910	CORF	0	0	0	0	99. 10
100. 00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	2,478	0	2,478	100. 00
101. 00 10100	HOME HEALTH AGENCY	0	141,780	0	141,780	101. 00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109. 00 10900	PANCREAS ACQUISITION	0	0	0	0	109. 00
110. 00 11000	INTESTINAL ACQUISITION	0	0	0	0	110. 00
111. 00 11100	ISLET ACQUISITION	0	0	0	0	111. 00
113. 00 11300	INTEREST EXPENSE	0	0	0	0	113. 00
116. 00 11600	HOSPICE	0	3,067	0	3,067	116. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	0	5,441,722	0	5,441,722	118. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,018	0	32,018	172	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	86,744	0	86,744	0	192.00
194.00 07950 MONROE CLINIC INN	0	103,706	0	103,706	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	68,125	0	68,125	1,554	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,732,315	0	5,732,315	90,059	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING	50,217				5.01
5.02	00510	NONPATIENT TELEPHONES	426	5,245			5.02
5.03	00530	PURCHASING RECEIVING AND STORES	1,277	75	8,531		5.03
5.04	00540	ADMINISTRATIVE	1,277	75	1	29,517	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	5,107	300	4	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,613	724	47	0	34,584
6.00	00600	MAINTENANCE & REPAIRS	0	75	65	0	0
7.00	00700	OPERATION OF PLANT	851	100	1	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	50	22	0	0
9.00	00900	HOUSEKEEPING	851	50	56	0	0
10.00	01000	DIETARY	851	75	11	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	426	175	1	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,277	50	122	0	0
15.00	01500	PHARMACY	1,277	100	660	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,702	225	1	0	0
17.00	01700	SOCIAL SERVICE	426	50	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	426	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,128	796	57	1,651	1,932
31.00	03100	INTENSIVE CARE UNIT	426	100	21	406	475
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	25	0	120	140
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,702	150	1,843	6,480	7,628
51.00	05100	RECOVERY ROOM	0	50	2	428	501
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25	0	389	455
53.00	05300	ANESTHESIOLOGY	426	50	30	1,974	2,310
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,702	225	266	2,011	2,353
57.00	05700	CT SCAN	0	25	52	2,887	3,378
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	50	26	2,040	2,387
59.00	05900	CARDIAC CATHETERIZATION	851	100	698	1,826	2,136
60.00	06000	LABORATORY	4,256	300	48	2,036	2,382
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	426	100	27	1,105	1,293
66.00	06600	PHYSICAL THERAPY	851	150	13	818	957
67.00	06700	OCCUPATIONAL THERAPY	426	50	3	279	327
68.00	06800	SPEECH PATHOLOGY	426	25	0	189	222
69.00	06900	ELECTROCARDIOLOGY	0	50	9	885	1,035
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	426	50	15	548	641
75.01	07501	PROCTO/ENTERO/GASTRO	426	25	79	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	2,527	0	0
91.00	09100	EMERGENCY	1,702	175	56	3,359	3,930
91.01	09101	CARDIAC REHAB	426	25	2	86	101
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	25	0	0	0
101.00	10100	HOME HEALTH AGENCY	851	100	36	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	851	25	40	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,089	4,820	6,841	29,517	34,583
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50	80	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25	0	0	0
194.00	07950	MONROE CLINIC INN	0	250	0	0	1

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	2,128	100	1,610	0	0	194.04
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)	50,217	5,245	8,531	29,517	34,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560	217,789					5.06
6.00	00600	5,939	102,039				6.00
7.00	00700	8,429	83,016	2,476,923			7.00
8.00	00800	814	3,711	72,439	160,609		8.00
9.00	00900	2,608	1,395	42,255	2,351	98,866	9.00
10.00	01000	2,445	1,464	114,681	6,188	4,328	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	631	63	18,921	0	1,691	13.00
14.00	01400	2,375	1,799	64,863	2,140	1,029	14.00
15.00	01500	8,834	808	26,389	0	1,412	15.00
16.00	01600	2,021	107	22,204	0	1,347	16.00
17.00	01700	598	6	9,985	0	0	17.00
21.00	02100	122	0	0	0	0	21.00
22.00	02200	590	0	1,453	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	13,302	839	512,824	77,701	30,846	30.00
31.00	03100	3,288	518	73,987	10,141	3,702	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,166	0	10,577	25	2,604	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	10,438	1,407	197,832	5,340	8,692	50.00
51.00	05100	961	284	27,816	14,287	2,076	51.00
52.00	05200	1,432	0	22,608	0	2,646	52.00
53.00	05300	1,086	6	0	0	0	53.00
54.00	05400	6,996	25	130,480	3,672	7,824	54.00
57.00	05700	2,051	120	21,747	0	0	57.00
58.00	05800	2,182	50	65,240	0	0	58.00
59.00	05900	4,013	95	50,370	0	0	59.00
60.00	06000	14,175	884	139,523	1,097	3,950	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	2,104	50	11,896	1,524	3,076	65.00
66.00	06600	3,177	619	69,788	5,094	1,917	66.00
67.00	06700	1,081	0	20,482	0	1,516	67.00
68.00	06800	587	0	8,720	0	0	68.00
69.00	06900	1,002	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	7,976	0	0	0	0	71.00
72.00	07200	4,791	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	3,479	789	94,442	0	0	75.00
75.01	07501	1,577	183	25,891	0	266	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	63,441	0	0	21,578	11,285	90.00
91.00	09100	8,618	1,572	182,316	7,462	6,232	91.00
91.01	09101	927	234	56,748	0	241	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	424	0	2,153	0	0	100.00
101.00	10100	5,028	417	123,173	0	1,329	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	2,758	139	2,665	0	0	116.00
118.00		203,466	100,600	2,224,468	158,600	98,009	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	936	101	27,816	0	0	190.00
192.00	19200	178	0	75,360	0	0	192.00
194.00	07950	259	114	90,095	2,009	857	194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:47 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
			5.06	6.00	7.00	8.00	9.00		
194.01	07951	5 WEST	0	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	12,950	1,224	59,184	0	0	0	194.04
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	217,789	102,039	2,476,923	160,609	98,866		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	262,920					10.00
11.00	01100	225,665					11.00
13.00	01300	0	225,665	44,444			13.00
14.00	01400	0	5,221	0	154,009		14.00
15.00	01500	0	8,622	2,853	191	83,448	15.00
16.00	01600	0	5,406	0	0	0	16.00
17.00	01700	0	1,141	377	0	0	17.00
21.00	02100	0	1,040	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	30,753	32,761	10,836	15,003	12	30.00
31.00	03100	3,967	6,446	2,133	4,889	1	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	11	40	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	9,306	3,079	161	8	50.00
51.00	05100	0	1,476	488	306	0	51.00
52.00	05200	0	0	0	0	37	52.00
53.00	05300	0	2,084	690	6,103	0	53.00
54.00	05400	0	9,277	3,069	353	3	54.00
57.00	05700	0	1,954	647	0	53	57.00
58.00	05800	0	1,879	622	0	13	58.00
59.00	05900	0	4,299	1,422	64	0	59.00
60.00	06000	0	19,371	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	4,131	1,367	33	0	65.00
66.00	06600	0	5,787	1,915	141	0	66.00
67.00	06700	0	1,925	637	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,644	544	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	118,429	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	79,098	73.00
75.00	07500	2,448	6,454	2,135	839	0	75.00
75.01	07501	0	2,139	708	17	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	57,694	0	0	0	90.00
91.00	09100	87	17,760	5,876	5,199	44	91.00
91.01	09101	0	1,531	506	74	0	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	604	200	0	0	100.00
101.00	10100	0	9,134	3,022	1,220	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	3,984	1,318	152	4,139	116.00
118.00		262,920	223,707	44,444	153,185	83,448	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	1,958	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	6	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.01	07951	5 WEST	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	818	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	262,920	225,665	44,444	154,009	83,448 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00520 DATA PROCESSING						5.01
5.02 00510 NONPATIENT TELEPHONES						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	59,033					16.00
17.00 01700 SOCIAL SERVICE	359	24,602				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,162			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		4,320		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	17,967	20,912			1,366,709	30.00
31.00 03100 INTENSIVE CARE UNIT	2,002	2,460			201,332	31.00
41.00 04100 SUBPROVIDER - I&R	0	0			0	41.00
42.00 04200 SUBPROVIDER	0	0			0	42.00
43.00 04300 NURSERY	308	0			27,633	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	18,943	0			502,411	50.00
51.00 05100 RECOVERY ROOM	0	0			81,048	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	411	0			54,560	52.00
53.00 05300 ANESTHESIOLOGY	975	0			17,969	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,745	0			321,786	54.00
57.00 05700 CT SCAN	0	0			58,326	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			149,886	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			124,795	59.00
60.00 06000 LABORATORY	0	0			352,082	60.00
60.01 06001 BLOOD LABORATORY	0	0			0	60.01
65.00 06500 RESPIRATORY THERAPY	205	0			41,679	65.00
66.00 06600 PHYSICAL THERAPY	1,899	0			174,486	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0			50,651	67.00
68.00 06800 SPEECH PATHOLOGY	0	0			20,207	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0			5,490	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0			0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			126,405	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0			4,791	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,361	0			81,459	73.00
75.00 07500 ASC (NON-DISTINCT PART)	4,415	0			226,702	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0			61,547	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0			0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00 09000 CLINIC	1,694	0			198,800	90.00
91.00 09100 EMERGENCY	5,749	1,230			465,565	91.00
91.01 09101 CARDIAC REHAB	0	0			126,469	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0			0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0			5,996	100.00
101.00 10100 HOME HEALTH AGENCY	0	0			287,720	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0			0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0			0	110.00
111.00 11100 ISLET ACQUISITION	0	0			0	111.00
113.00 11300 INTEREST EXPENSE	0	0			0	113.00
116.00 11600 HOSPICE	0	0			19,901	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	59,033	24,602	0	0	5,156,405	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			63,131	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0			162,307	192.00
194.00 07950 MONROE CLINIC INN	0	0			197,297	194.00
194.01 07951 5 WEST	0	0			0	194.01
194.02 07952 LIFELINE	0	0			0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0			0	194.03
194.04 07954 FREESTANDING CLINIC	0	0			147,693	194.04
200.00 Cross Foot Adjustments			1,162	4,320	5,482	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	59,033	24,602	1,162	4,320	5,732,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 9:47 am
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00520	DATA PROCESSING		5.01
5.02	00510	NONPATIENT TELEPHONES		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,366,709	31.00
41.00	04100	SUBPROVIDER - IRF	201,332	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
			27,633	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	502,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,048	52.00
53.00	05300	ANESTHESIOLOGY	54,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,969	54.00
57.00	05700	CT SCAN	321,786	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58,326	58.00
59.00	05900	CARDIAC CATHETERIZATION	149,886	59.00
60.00	06000	LABORATORY	124,795	60.00
60.01	06001	BLOOD LABORATORY	352,082	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	41,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	174,486	67.00
68.00	06800	SPEECH PATHOLOGY	50,651	68.00
69.00	06900	ELECTROCARDIOLOGY	20,207	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	126,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,791	73.00
75.00	07500	ASC (NON-DISTINCT PART)	81,459	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	226,702	75.01
			61,547	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	198,800	90.00
91.00	09100	EMERGENCY	465,565	91.00
91.01	09101	CARDIAC REHAB	126,469	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	5,996	100.00
101.00	10100	HOME HEALTH AGENCY	287,720	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	19,901	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,156,405	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
			63,131	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	162,307	192.00
194.00	07950	MONROE CLINIC INN	0	197,297	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	147,693	194.04
200.00		Cross Foot Adjustments	0	5,482	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,732,315	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	370,065	0				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,814	0	77,282,436			4.00
5.01 00520 DATA PROCESSING	3,008	0	3,109,502	118		5.01
5.02 00510 NONPATIENT TELEPHONES	300	0	147,593	1	2,100	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	453	0	139,276	3	30	5.03
5.04 00540 ADMINISTRATION	1,802	0	215,566	3	30	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,825	0	775,693	12	120	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	12,766	0	4,857,620	32	290	5.06
6.00 00600 MAINTENANCE & REPAIRS	6,115	0	1,063,791	0	30	6.00
7.00 00700 OPERATION OF PLANT	153,921	0	247,487	2	40	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	5,383	0	162,831	0	20	8.00
9.00 00900 HOUSEKEEPING	3,140	0	566,981	2	20	9.00
10.00 01000 DIETARY	8,522	0	747,722	2	30	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,406	0	102,890	1	70	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,820	0	404,285	3	20	14.00
15.00 01500 PHARMACY	1,961	0	1,653,016	3	40	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,650	0	395,553	4	90	16.00
17.00 01700 SOCIAL SERVICE	742	0	142,867	1	20	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	108	0	152,844	1	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	38,108	0	5,231,714	5	320	30.00
31.00 03100 INTENSIVE CARE UNIT	5,498	0	1,034,892	1	40	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	786	0	379,791	0	10	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	14,701	0	1,444,442	4	60	50.00
51.00 05100 RECOVERY ROOM	2,067	0	304,805	0	20	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,680	0	458,369	0	10	52.00
53.00 05300 ANESTHESIOLOGY	0	0	1,918,616	1	20	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,696	0	1,367,837	4	90	54.00
57.00 05700 CT SCAN	1,616	0	325,959	0	10	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	258,660	0	20	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,743	0	808,448	2	40	59.00
60.00 06000 LABORATORY	10,368	0	2,969,365	10	120	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	884	0	557,333	1	40	65.00
66.00 06600 PHYSICAL THERAPY	5,186	0	883,622	2	60	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,522	0	299,719	1	20	67.00
68.00 06800 SPEECH PATHOLOGY	648	0	0	1	10	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	275,791	0	20	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	7,018	0	1,126,394	1	20	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	1,924	0	371,664	1	10	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	34,811,597	0	0	90.00
91.00 09100 EMERGENCY	13,548	0	3,724,660	4	70	91.00
91.01 09101 CARDIAC REHAB	4,217	0	211,908	1	10	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	160	0	95,995	0	10	100.00
101.00 10100 HOME HEALTH AGENCY	9,153	0	1,399,267	2	40	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	198	0	655,099	2	10	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	351,305	0	75,801,464	113	1,930	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	147,342	0	20	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	10	192.00
194.00	07950	MONROE CLINIC INN	6,695	0	0	0	100	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,398	0	1,333,630	5	40	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,732,315	0	5,325,250	9,778,021	539,796	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.490022	0.000000	0.068906	82,864.584746	257.045714	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			90,059	50,217	5,245	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001165	425.567797	2.497619	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530	21,209,955					5.03
5.04	00540	2,269	201,003,391				5.04
5.05	00550	9,007	0	201,003,391			5.05
5.06	00560	116,344	0	0	-18,474,921	109,326,565	5.06
6.00	00600	161,322	0	0	0	2,981,330	6.00
7.00	00700	3,331	0	0	0	4,231,586	7.00
8.00	00800	53,933	0	0	0	408,713	8.00
9.00	00900	139,879	0	0	0	1,309,364	9.00
10.00	01000	27,684	0	0	0	1,227,197	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,019	0	0	0	316,930	13.00
14.00	01400	302,306	0	0	0	1,192,459	14.00
15.00	01500	1,642,299	0	0	0	4,434,839	15.00
16.00	01600	2,567	0	0	0	1,014,447	16.00
17.00	01700	1,075	0	0	0	300,282	17.00
21.00	02100	0	0	0	0	61,166	21.00
22.00	02200	30	0	0	0	296,281	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	141,998	11,233,455	11,233,455	0	6,677,597	30.00
31.00	03100	53,013	2,762,004	2,762,004	0	1,650,702	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	813,096	813,096	0	585,268	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,584,294	44,284,181	44,284,181	0	5,239,769	50.00
51.00	05100	4,009	2,913,144	2,913,144	0	482,643	51.00
52.00	05200	0	2,647,905	2,647,905	0	718,910	52.00
53.00	05300	75,065	13,427,727	13,427,727	0	545,157	53.00
54.00	05400	661,930	13,678,345	13,678,345	0	3,511,865	54.00
57.00	05700	129,180	19,642,254	19,642,254	0	1,029,408	57.00
58.00	05800	63,630	13,880,204	13,880,204	0	1,095,575	58.00
59.00	05900	1,736,861	12,420,909	12,420,909	0	2,014,342	59.00
60.00	06000	119,562	13,848,545	13,848,545	0	7,115,784	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	66,282	7,515,285	7,515,285	0	1,056,395	65.00
66.00	06600	33,434	5,561,404	5,561,404	0	1,595,094	66.00
67.00	06700	8,562	1,901,011	1,901,011	0	542,894	67.00
68.00	06800	389	1,287,859	1,287,859	0	294,780	68.00
69.00	06900	22,197	6,018,480	6,018,480	0	503,227	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	4,004,070	71.00
72.00	07200	0	0	0	0	2,404,935	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	37,054	3,729,577	3,729,577	0	1,746,626	75.00
75.01	07501	196,163	0	0	0	791,656	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	6,275,086	0	0	0	31,842,057	90.00
91.00	09100	139,428	22,847,151	22,847,151	0	4,326,188	91.00
91.01	09101	3,878	587,465	587,465	0	465,475	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	324	0	0	0	212,935	100.00
101.00	10100	90,439	0	0	0	2,523,956	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	99,081	0	0	0	1,384,730	116.00
118.00		17,005,924	201,000,001	201,000,001	-18,474,921	102,136,632	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	199,334	0	0	0	469,838	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	89,314	192.00
194.00	07950	MONROE CLINIC INN	328	3,390	3,390	0	129,794	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,004,369	0	0	0	6,500,987	194.04
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)	449,194	593,385	2,277,073		18,474,921	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.021178	0.002952	0.011329		0.168988	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,531	29,517	34,584		217,789	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000402	0.000147	0.000172		0.001992	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	16,167					6.00
7.00	00700	13,153	184,061				7.00
8.00	00800	588	5,383	526,876			8.00
9.00	00900	221	3,140	7,714	54,667		9.00
10.00	01000	232	8,522	20,300	2,393	221,279	10.00
11.00	01100	0	0	0	0	189,925	11.00
13.00	01300	10	1,406	0	935	0	13.00
14.00	01400	285	4,820	7,021	569	0	14.00
15.00	01500	128	1,961	0	781	0	15.00
16.00	01600	17	1,650	0	745	0	16.00
17.00	01700	1	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	108	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	133	38,108	254,893	17,056	25,882	30.00
31.00	03100	82	5,498	33,268	2,047	3,339	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	786	83	1,440	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	223	14,701	17,519	4,806	0	50.00
51.00	05100	45	2,067	46,868	1,148	0	51.00
52.00	05200	0	1,680	0	1,463	0	52.00
53.00	05300	1	0	0	0	0	53.00
54.00	05400	4	9,696	12,047	4,326	0	54.00
57.00	05700	19	1,616	0	0	0	57.00
58.00	05800	8	4,848	0	0	0	58.00
59.00	05900	15	3,743	0	0	0	59.00
60.00	06000	140	10,368	3,598	2,184	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	8	884	4,998	1,701	0	65.00
66.00	06600	98	5,186	16,712	1,060	0	66.00
67.00	06700	0	1,522	0	838	0	67.00
68.00	06800	0	648	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	125	7,018	0	0	2,060	75.00
75.01	07501	29	1,924	0	147	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	70,786	6,240	0	90.00
91.00	09100	249	13,548	24,478	3,446	73	91.00
91.01	09101	37	4,217	0	133	0	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	160	0	0	0	100.00
101.00	10100	66	9,153	0	735	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	22	198	0	0	0	116.00
118.00		15,939	165,301	520,285	54,193	221,279	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	16	2,067	0	0	0	190.00
192.00	19200	0	5,600	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
194.00	07950 MONROE CLINIC INN	18	6,695	6,591	474	0	194.00
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	194	4,398	0	0	0	194.04
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)	3,485,139	7,782,077	832,130	1,723,214	1,952,394	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	215.571163	42.279880	1.579366	31.522015	8.823223	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	102,039	2,476,923	160,609	98,866	262,920	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.311561	13.457077	0.304833	1.808513	1.188183	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
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	53,810					11.00
13.00	01300	152	32,033				13.00
14.00	01400	1,245	0	422,788			14.00
15.00	01500	2,056	2,056	524	1,644,477		15.00
16.00	01600	1,289	0	0	0	1,150	16.00
17.00	01700	272	272	0	0	7	17.00
21.00	02100	248	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,812	7,812	41,186	242	350	30.00
31.00	03100	1,537	1,537	13,420	23	39	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	31	780	6	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,219	2,219	442	148	369	50.00
51.00	05100	352	352	840	0	0	51.00
52.00	05200	0	0	0	720	8	52.00
53.00	05300	497	497	16,754	0	19	53.00
54.00	05400	2,212	2,212	970	65	34	54.00
57.00	05700	466	466	0	1,047	0	57.00
58.00	05800	448	448	0	258	0	58.00
59.00	05900	1,025	1,025	177	0	0	59.00
60.00	06000	4,619	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	985	985	90	0	4	65.00
66.00	06600	1,380	1,380	388	0	37	66.00
67.00	06700	459	459	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	392	392	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	325,113	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,558,767	46	73.00
75.00	07500	1,539	1,539	2,303	0	86	75.00
75.01	07501	510	510	48	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	13,757	0	0	0	33	90.00
91.00	09100	4,235	4,235	14,272	866	112	91.00
91.01	09101	365	365	203	0	0	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	144	144	0	0	0	100.00
101.00	10100	2,178	2,178	3,349	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	950	950	417	81,561	0	116.00
118.00		53,343	32,033	420,527	1,644,477	1,150	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	467	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		11.00	13.00	14.00	15.00	16.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	MONROE CLINIC INN	0	0	16	0	194.00	
194.01	07951	5 WEST	0	0	0	0	194.01	
194.02	07952	LIFELINE	0	0	0	0	194.02	
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	194.03	
194.04	07954	FREESTANDING CLINIC	0	0	2,245	0	194.04	
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)	1,675,750	466,296	1,726,994	5,415,494	1,322,929	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.141981	14.556738	4.084775	3.293141	1,150.373043	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	225,665	44,444	154,009	83,448	59,033	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.193737	1.387444	0.364270	0.050744	51.333043	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period:  
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To 12/31/2013

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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00520 DATA PROCESSING					5.01
5.02 00510 NONPATIENT TELEPHONES					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
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	1,000				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	850	635	1,000		30.00
31.00 03100 INTENSIVE CARE UNIT	100	0	0		31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	50	365	0		91.00
91.01 09101 CARDIAC REHAB	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0		113.00
116.00 11600 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,000	1,000	1,000		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07950 MONROE CLINIC INN	0	0	0		194.00
194.01 07951 5 WEST	0	0	0		194.01
194.02 07952 LIFELINE	0	0	0		194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0		194.03
194.04 07954 FREESTANDING CLINIC	0	0	0		194.04
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)	403,097	79,225	350,915		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	403.097000	79.225000	350.915000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	24,602	1,162	4,320		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	24.602000	1.162000	4.320000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C  
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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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	11,885,767		11,885,767	0	11,885,767	30.00
31.00	03100 INTENSIVE CARE UNIT	2,536,620		2,536,620	0	2,536,620	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	772,524		772,524	0	772,524	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,502,204		7,502,204	0	7,502,204	50.00
51.00	05100 RECOVERY ROOM	791,024		791,024	0	791,024	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	969,118		969,118	0	969,118	52.00
53.00	05300 ANESTHESIOLOGY	750,504		750,504	0	750,504	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,815,902		4,815,902	0	4,815,902	54.00
57.00	05700 CT SCAN	1,300,529		1,300,529	0	1,300,529	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,508,735		1,508,735	0	1,508,735	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,563,795		2,563,795	0	2,563,795	59.00
60.00	06000 LABORATORY	9,005,176		9,005,176	0	9,005,176	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,385,508	0	1,385,508	0	1,385,508	65.00
66.00	06600 PHYSICAL THERAPY	2,272,055	0	2,272,055	0	2,272,055	66.00
67.00	06700 OCCUPATIONAL THERAPY	746,378	0	746,378	0	746,378	67.00
68.00	06800 SPEECH PATHOLOGY	371,991	0	371,991	0	371,991	68.00
69.00	06900 ELECTROCARDIOLOGY	606,180		606,180	0	606,180	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,008,725		6,008,725	0	6,008,725	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,811,340		2,811,340	0	2,811,340	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,186,155		5,186,155	0	5,186,155	73.00
75.00	07500 ASC (NON-DISTINCT PART)	2,562,297		2,562,297	0	2,562,297	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	1,041,170		1,041,170	0	1,041,170	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	37,997,900		37,997,900	0	37,997,900	90.00
91.00	09100 EMERGENCY	6,235,357		6,235,357	0	6,235,357	91.00
91.01	09101 CARDIAC REHAB	752,106		752,106	0	752,106	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	645,094		645,094	0	645,094	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	262,263		262,263	0	262,263	100.00
101.00	10100 HOME HEALTH AGENCY	3,488,071		3,488,071	0	3,488,071	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	1,945,556		1,945,556	0	1,945,556	116.00
200.00	Subtotal (see instructions)	118,720,044	0	118,720,044	0	118,720,044	200.00
201.00	Less Observation Beds	645,094		645,094	0	645,094	201.00
202.00	Total (see instructions)	118,074,950	0	118,074,950	0	118,074,950	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C  
Part I  
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			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	10,335,920		10,335,920				30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,174		2,754,174				31.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	801,809		801,809				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	8,002,093	21,376,399	29,378,492	0.255364	0.000000		50.00
51.00	05100	RECOVERY ROOM	867,349	2,032,015	2,899,364	0.272827	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,290,912	356,993	2,647,905	0.365994	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	695,092	1,890,280	2,585,372	0.290289	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,387,430	10,223,414	12,610,844	0.381886	0.000000		54.00
57.00	05700	CT SCAN	5,943,763	13,696,772	19,640,535	0.066217	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,066,752	12,813,452	13,880,204	0.108697	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,572,199	6,167,999	7,740,198	0.331231	0.000000		59.00
60.00	06000	LABORATORY	7,796,666	32,333,624	40,130,290	0.224398	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	3,135,157	2,350,976	5,486,133	0.252547	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,447,751	5,428,611	6,876,362	0.330415	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,097,957	1,146,327	2,244,284	0.332568	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	146,029	1,086,382	1,232,411	0.301840	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,726,576	4,291,904	6,018,480	0.100720	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,916,994	15,561,199	27,478,193	0.218672	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,160,178	2,862,467	5,022,645	0.559733	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,672,791	13,845,281	32,518,072	0.159485	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	20,861	3,708,716	3,729,577	0.687021	0.000000		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	419,750	5,922,739	6,342,489	0.164158	0.000000		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	406,790	53,963,555	54,370,345	0.698872	0.000000		90.00
91.00	09100	EMERGENCY	2,326,787	11,941,040	14,267,827	0.437022	0.000000		91.00
91.01	09101	CARDIAC REHAB	23,467	563,998	587,465	1.280257	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	98,333	778,467	876,800	0.735737	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	2,446,316	2,446,316				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	2,441,455	2,441,455				116.00
200.00		Subtotal (see instructions)	88,113,580	229,230,381	317,343,961				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	88,113,580	229,230,381	317,343,961				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:47 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.255364		50.00
51.00	05100 RECOVERY ROOM	0.272827		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.365994		52.00
53.00	05300 ANESTHESIOLOGY	0.290289		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.381886		54.00
57.00	05700 CT SCAN	0.066217		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108697		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.331231		59.00
60.00	06000 LABORATORY	0.224398		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.252547		65.00
66.00	06600 PHYSICAL THERAPY	0.330415		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.332568		67.00
68.00	06800 SPEECH PATHOLOGY	0.301840		68.00
69.00	06900 ELECTROCARDIOLOGY	0.100720		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218672		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.559733		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.159485		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.687021		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.164158		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.698872		90.00
91.00	09100 EMERGENCY	0.437022		91.00
91.01	09101 CARDIAC REHAB	1.280257		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.735737		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/29/2014 9:47 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,366,709	0	1,366,709	9,323	146.60	30.00
31.00	INTENSIVE CARE UNIT	201,332		201,332	1,113	180.89	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	27,633		27,633	957	28.87	43.00
200.00	Total (lines 30-199)	1,595,674		1,595,674	11,393		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	4,479	656,621				
31.00	INTENSIVE CARE UNIT	700	126,623				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	5,179	783,244				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	502,411	29,378,492	0.017101	7,573,452	129,514	50.00
51.00	05100 RECOVERY ROOM	81,048	2,899,364	0.027954	367,492	10,273	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	54,560	2,647,905	0.020605	14,581	300	52.00
53.00	05300 ANESTHESIOLOGY	17,969	2,585,372	0.006950	641,433	4,458	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	321,786	12,610,844	0.025517	2,219,282	56,629	54.00
57.00	05700 CT SCAN	58,326	19,640,535	0.002970	5,824,129	17,298	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	149,886	13,880,204	0.010799	839,962	9,071	58.00
59.00	05900 CARDIAC CATHETERIZATION	124,795	7,740,198	0.016123	1,396,630	22,518	59.00
60.00	06000 LABORATORY	352,082	40,130,290	0.008773	3,914,456	34,342	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	41,679	5,486,133	0.007597	1,743,124	13,243	65.00
66.00	06600 PHYSICAL THERAPY	174,486	6,876,362	0.025375	855,247	21,702	66.00
67.00	06700 OCCUPATIONAL THERAPY	50,651	2,244,284	0.022569	648,025	14,625	67.00
68.00	06800 SPEECH PATHOLOGY	20,207	1,232,411	0.016396	90,258	1,480	68.00
69.00	06900 ELECTROCARDIOLOGY	5,490	6,018,480	0.000912	356,442	325	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	126,405	27,478,193	0.004600	1,188,346	5,466	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,791	5,022,645	0.000954	684,288	653	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	81,459	32,518,072	0.002505	4,432,788	11,104	73.00
75.00	07500 ASC (NON-DISTINCT PART)	226,702	3,729,577	0.060785	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	61,547	6,342,489	0.009704	166,092	1,612	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	198,800	54,370,345	0.003656	1,981	7	90.00
91.00	09100 EMERGENCY	465,565	14,267,827	0.032630	1,321,956	43,135	91.00
91.01	09101 CARDIAC REHAB	126,469	587,465	0.215279	13,925	2,998	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	74,177	876,800	0.084600	55,118	4,663	92.00
200.00	Total (lines 50-199)	3,321,291	298,564,287		34,349,007	405,416	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	9,323	0.00	4,479	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,113	0.00	700	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	957	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	11,393		5,179	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
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	29,378,492	0.000000	0.000000	7,573,452	50.00
51.00	05100 RECOVERY ROOM	0	2,899,364	0.000000	0.000000	367,492	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,647,905	0.000000	0.000000	14,581	52.00
53.00	05300 ANESTHESIOLOGY	0	2,585,372	0.000000	0.000000	641,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,610,844	0.000000	0.000000	2,219,282	54.00
57.00	05700 CT SCAN	0	19,640,535	0.000000	0.000000	5,824,129	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,880,204	0.000000	0.000000	839,962	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,740,198	0.000000	0.000000	1,396,630	59.00
60.00	06000 LABORATORY	0	40,130,290	0.000000	0.000000	3,914,456	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	5,486,133	0.000000	0.000000	1,743,124	65.00
66.00	06600 PHYSICAL THERAPY	0	6,876,362	0.000000	0.000000	855,247	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,244,284	0.000000	0.000000	648,025	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,232,411	0.000000	0.000000	90,258	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,018,480	0.000000	0.000000	356,442	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,478,193	0.000000	0.000000	1,188,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,022,645	0.000000	0.000000	684,288	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	32,518,072	0.000000	0.000000	4,432,788	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,729,577	0.000000	0.000000	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	6,342,489	0.000000	0.000000	166,092	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	54,370,345	0.000000	0.000000	1,981	90.00
91.00	09100 EMERGENCY	0	14,267,827	0.000000	0.000000	1,321,956	91.00
91.01	09101 CARDIAC REHAB	0	587,465	0.000000	0.000000	13,925	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	876,800	0.000000	0.000000	55,118	92.00
200.00	Total (lines 50-199)	0	298,564,287			34,349,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	8,954,281	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	425,773	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,659,088	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,764,717	0	0	0	54.00
57.00	05700 CT SCAN	0	5,503,616	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,460,787	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,814,884	0	0	0	59.00
60.00	06000 LABORATORY	0	1,212,730	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	148,217	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,009,346	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	987,665	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,180,222	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,607,148	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,283,061	0	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	1,933,889	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	16,947,132	0	0	0	90.00
91.00	09100 EMERGENCY	0	3,137,236	0	0	0	91.00
91.01	09101 CARDIAC REHAB	0	356,706	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	701,040	0	0	0	92.00
200.00	Total (lines 50-199)	0	63,087,538	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:47 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	0			75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
91.01	09101 CARDIAC REHAB	0	0			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.255364	8,954,281	0	0	2,286,601	50.00
51.00	05100	RECOVERY ROOM	0.272827	425,773	0	0	116,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.365994	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.290289	1,659,088	0	0	481,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.381886	4,764,717	0	0	1,819,579	54.00
57.00	05700	CT SCAN	0.066217	5,503,616	0	0	364,433	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108697	3,460,787	0	0	376,177	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.331231	4,814,884	0	0	1,594,839	59.00
60.00	06000	LABORATORY	0.224398	1,212,730	3,069	0	272,134	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.252547	148,217	0	0	37,432	65.00
66.00	06600	PHYSICAL THERAPY	0.330415	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332568	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.301840	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100720	1,009,346	0	0	101,661	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218672	987,665	48	0	215,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559733	2,180,222	0	0	1,220,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	3,607,148	7,268	165,679	575,286	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.687021	1,283,061	0	0	881,490	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.164158	1,933,889	0	0	317,463	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.698872	16,947,132	0	0	11,843,876	90.00
91.00	09100	EMERGENCY	0.437022	3,137,236	0	0	1,371,041	91.00
91.01	09101	CARDIAC REHAB	1.280257	356,706	0	0	456,675	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735737	701,040	0	0	515,781	92.00
200.00		Subtotal (see instructions)		63,087,538	10,385	165,679	24,848,562	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		63,087,538	10,385	165,679	24,848,562	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:47 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	689	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
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	10	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,159	26,423		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	1,858	26,423		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,858	26,423		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 9:47 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,323	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,817	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,479	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,885,767	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,885,767	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,885,767	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,274.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,710,232	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)		5,710,232	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2014 9:47 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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,536,620	1,113	2,279.08	700	1,595,356		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,907,316		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,212,904		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					783,244		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					405,416		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,188,660		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,024,244		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)					506		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,274.89		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					645,094		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:47 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	1,366,709	11,885,767	0.114987	645,094	74,177	90.00
91.00	Nursing School cost	0	11,885,767	0.000000	645,094	0	91.00
92.00	Allied health cost	0	11,885,767	0.000000	645,094	0	92.00
93.00	All other Medical Education	0	11,885,767	0.000000	645,094	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:47 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		5,169,323	30.00
31.00	03100	INTENSIVE CARE UNIT		1,890,269	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.255364	7,573,452	50.00
51.00	05100	RECOVERY ROOM	0.272827	367,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.365994	14,581	52.00
53.00	05300	ANESTHESIOLOGY	0.290289	641,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.381886	2,219,282	54.00
57.00	05700	CT SCAN	0.066217	5,824,129	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108697	839,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.331231	1,396,630	59.00
60.00	06000	LABORATORY	0.224398	3,914,456	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.252547	1,743,124	65.00
66.00	06600	PHYSICAL THERAPY	0.330415	855,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332568	648,025	67.00
68.00	06800	SPEECH PATHOLOGY	0.301840	90,258	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100720	356,442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218672	1,188,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559733	684,288	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.159485	4,432,788	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.687021	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0.164158	166,092	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.698872	1,981	90.00
91.00	09100	EMERGENCY	0.437022	1,321,956	91.00
91.01	09101	CARDIAC REHAB	1.280257	13,925	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.735737	55,118	92.00
200.00		Total (sum of lines 50-94 and 96-98)		34,349,007	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)		34,349,007	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:47 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		9,378,423	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		1,379,364	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		142,142	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		93.61	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		1.13	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.93	12.00
13.00	Total allowable FTE count for the prior year.		1.13	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		1.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.08	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.011537	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.012219	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.011537	21.00
22.00	IME payment adjustment (see instructions)		67,634	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		67,634	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			0	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			10,967,563	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)			10,967,563	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			866,827	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			11,381	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			18,883	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			11,864,654	59.00
60.00	Primary payer payments			4,696	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			11,859,958	61.00
62.00	Deductibles billed to program beneficiaries			1,188,372	62.00
63.00	Coinurance billed to program beneficiaries			9,768	63.00
64.00	Allowable bad debts (see instructions)			142,814	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			92,829	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			131,688	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,754,647	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			27,363	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	2013		404,459	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2014		46,416	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		11,232,885		71.00
71.01	Sequestration adjustment (see instructions)		169,617		71.01
72.00	Interim payments		10,910,436		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		152,832		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	93.61	0.00			93.61	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	10,887	0			10,887	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	10,887	0			10,887	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/29/2014 9:47 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/29/2014 9:47 am
		Title VIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	12.25		29.00
30.00	Line 28 or 29 as applicable	12.25		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 520028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2014 9:47 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	9,378,423	0	9,378,423	0	9,378,423	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	1,379,364	0	0	1,379,364	1,379,364	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	142,142	0	118,394	23,748	142,142	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.011537	0.011537	0.011537	0.011537		5.00
6.00	IME payment adjustment (see instructions)	22.00	67,634	0	58,962	8,672	67,634	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	67,634	0	58,962	8,672	67,634	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	10,967,563	0	9,555,779	1,411,784	10,967,563	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	10,967,563	0	9,555,779	1,411,784	10,967,563	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	866,827	0	674,147	192,680	866,827	16.00
17.00	Special add-on payments for new technologies	54.00	18,883	0	18,883	0	18,883	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,248,809	1,604,464	11,853,273	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 520028

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/29/2014 9:47 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	855,482	0	665,671	189,811	855,482	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,678	0	954	724	1,678	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0113	0.0113	0.0113	0.0113		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	9,667	0	7,522	2,145	9,667	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	866,827	0	674,147	192,680	866,827	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.039464	0.028929		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			404,459		404,459	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				46,416	46,416	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		28,281	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,848,562	2.00
3.00	PPS payments		18,357,917	3.00
4.00	Outlier payment (see instructions)		1,547,071	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		19,655,213	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		28,281	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		176,064	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)		176,064	14.00
<b>Customary charges</b>				
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)		176,064	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		147,783	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)		28,281	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		19,904,988	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		10	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,065,507	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		15,867,752	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		18,617	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,886,369	30.00
31.00	Primary payer payments		998	31.00
32.00	Subtotal (line 30 minus line 31)		15,885,371	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		248,633	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		161,611	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		229,319	36.00
37.00	Subtotal (see instructions)		16,046,982	37.00
38.00	MSP-LCC reconciliation amount from PS&R		88	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)		16,046,894	40.00
40.01	Sequestration adjustment (see instructions)		242,308	40.01
41.00	Interim payments		15,637,742	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		166,844	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 520028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		10,910,436		15,637,742	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,910,436		15,637,742	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		152,832		166,844	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,063,268		15,804,586	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: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			2,795 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,179 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			697 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			9,930 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			317,343,961 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,757,959 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,073,470 8.00
9.00	Sequestration adjustment amount (see instructions)			21,469 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,052,001 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,094,681 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)			-42,680 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:47 am	
		Title VIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.93	0.00	0.93	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.93	0.00	0.93	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.93	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.85	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.99	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.99	0.00		17.00
18.00	Per resident amount	52,078.39	0.00		18.00
19.00	Approved amount for resident costs	51,558	0	51,558	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			52,078.39	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)			51,558	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	5,179	697		26.00
27.00	Total Inpatient Days (see instructions)	9,930	9,930		27.00
28.00	Ratio of inpatient days to total inpatient days	0.521551	0.070191		28.00
29.00	Program direct GME amount	26,890	3,619		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		511		30.00
31.00	Net Program direct GME amount			29,998	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			15,212,904 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)			4,696 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			15,208,208 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			24,876,843 42.00
43.00	Primary payer payments (see instructions)			998 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			24,875,845 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			40,084,053 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.379408 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.620592 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			29,998 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			11,381 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			18,617 50.00

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

Provider CCN: 520028

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

Worksheet G

Date/Time Prepared:  
5/29/2014 9:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	22,754,935	0	0	0	1.00
2.00	Temporary investments	1,921,463	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,442,469	0	0	0	4.00
5.00	Other receivable	3,130,587	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-36,212,247	0	0	0	6.00
7.00	Inventory	3,104,967	0	0	0	7.00
8.00	Prepaid expenses	2,416,628	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	54,558,802	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,294,964	0	0	0	12.00
13.00	Land improvements	6,137,657	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	140,503,552	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	78,060,473	0	0	0	23.00
24.00	Accumulated depreciation	-114,980,372	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	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,027,400	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	112,043,674	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	82,228,351	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	5,895,402	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	88,123,753	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	254,726,229	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,069,958	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,246,244	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	0	0	0	0	43.00
44.00	Other current liabilities	5,764,349	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,080,551	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	77,335,514	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	8,398,838	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	85,734,352	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,814,903	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	148,911,326				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)	148,911,326	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	254,726,229	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:  
5/29/2014 9:47 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		136,683,015		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,689,477			2.00
3.00	Total (sum of line 1 and line 2)		143,372,492		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	5,538,834		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,538,834		0	10.00
11.00	Subtotal (line 3 plus line 10)		148,911,326		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		148,911,326		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	CHGS IN UNREALIZED GAIN/LOSSES		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 520028

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	11,137,729		11,137,729	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	11,137,729		11,137,729	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,754,174		2,754,174	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,754,174		2,754,174	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,891,903		13,891,903	17.00
18.00	Ancillary services	70,471,677		70,471,677	18.00
19.00	Outpatient services	0	228,092,610	228,092,610	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		2,446,316	2,446,316	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,441,455	2,441,455	26.00
27.00	PROF, CLINIC, OTHER	0	105,599,313	105,599,313	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	84,363,580	338,579,694	422,943,274	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		165,192,377		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	1			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		165,192,376		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520028

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

Worksheet G-3

Date/Time Prepared:  
5/29/2014 9:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	422,943,274	1.00
2.00	Less contractual allowances and discounts on patients' accounts	262,479,552	2.00
3.00	Net patient revenues (line 1 minus line 2)	160,463,722	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	165,192,376	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,728,654	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	7,719,259	24.00
24.01	INVESTMENT INCOME	2,665,638	24.01
24.02	EQUITY IN ERNGS OF FTD	1,135,722	24.02
24.03	EQUITY IN EARNINGS OF AFFILIATES	112,077	24.03
25.00	Total other income (sum of lines 6-24)	11,632,696	25.00
26.00	Total (line 5 plus line 25)	6,904,042	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	9,546	27.00
27.01	OTHER LOSS	205,019	27.01
27.02		0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	214,565	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,689,477	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet H
		HHA CCN: 527157		Date/Time Prepared: 5/29/2014 9:47 am
			Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	177,764	62,696	0	0	50,707	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	853,970	212,362	70,960	3,200	153,799	6.00
7.00	Physical Therapy	201,625	50,212	16,787	0	0	7.00
8.00	Occupational Therapy	120,806	30,089	10,060	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	2,142	534	179	0	0	10.00
11.00	Home Health Aide	42,960	20,770	8,275	0	17,935	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,399,267	376,663	106,261	3,200	222,441	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	291,167	0	291,167		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,294,291	0	1,294,291		6.00
7.00	Physical Therapy	0	268,624	0	268,624		7.00
8.00	Occupational Therapy	0	160,955	0	160,955		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	2,855	0	2,855		10.00
11.00	Home Health Aide	0	89,940	0	89,940		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	2,107,832	0	2,107,832		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/29/2014 9:47 am
		HHA CCN: 527157	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	291,167	0	0	0	291,167	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,294,291	0	0	0	1,294,291	6.00	
7.00	Physical Therapy	268,624	0	0	0	268,624	7.00	
8.00	Occupational Therapy	160,955	0	0	0	160,955	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	2,855	0	0	0	2,855	10.00	
11.00	Home Health Aide	89,940	0	0	0	89,940	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	2,107,832	0	0	0	2,107,832	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	291,167					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	207,443	1,501,734				6.00	
7.00	Physical Therapy	43,054	311,678				7.00	
8.00	Occupational Therapy	25,797	186,752				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	458	3,313				10.00	
11.00	Home Health Aide	14,415	104,355				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		2,107,832				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am  
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-291,167	1,816,665
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,294,291
7.00	Physical Therapy	0	0	0	0	0	268,624
8.00	Occupational Therapy	0	0	0	0	0	160,955
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	2,855
11.00	Home Health Aide	0	0	0	0	0	89,940
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-291,167	1,816,665
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		291,167
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.160276

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2 Part I  
Date/Time Prepared: 5/29/2014 9:47 am  
PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	141,780	0	12,249	165,729	10,282	1.00
2.00 Skilled Nursing Care	1,501,734	0	0	58,844	0	0	2.00
3.00 Physical Therapy	311,678	0	0	13,893	0	0	3.00
4.00 Occupational Therapy	186,752	0	0	8,324	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	3,313	0	0	148	0	0	6.00
7.00 Home Health Aide	104,355	0	0	2,960	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,107,832	141,780	0	96,418	165,729	10,282	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	330,040	55,773	14,228	1.00
2.00 Skilled Nursing Care	1,915	0	0	1,562,493	264,041	0	2.00
3.00 Physical Therapy	0	0	0	325,571	55,018	0	3.00
4.00 Occupational Therapy	0	0	0	195,076	32,966	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	3,461	585	0	6.00
7.00 Home Health Aide	0	0	0	107,315	18,135	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,915	0	0	2,523,956	426,518	14,228	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/29/2014 9:47 am  
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	386,988	0	23,169	0	67,827	31,705	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	386,988	0	23,169	0	67,827	31,705	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00	
1.00	Administrative and General	13,680	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	13,680	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/29/2014 9:47 am
				HHA CCN: 527157	Home Health Agency I	PPS
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	923,410	0	923,410			1.00
2.00 Skilled Nursing Care	1,826,534	0	1,826,534	657,647	2,484,181	2.00
3.00 Physical Therapy	380,589	0	380,589	137,031	517,620	3.00
4.00 Occupational Therapy	228,042	0	228,042	82,107	310,149	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	4,046	0	4,046	1,457	5,503	6.00
7.00 Home Health Aide	125,450	0	125,450	45,168	170,618	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,488,071	0	3,488,071	923,410	3,488,071	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.360051		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/29/2014 9:47 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	177,764	2	40	0	1.00
2.00 Skilled Nursing Care	0	0	853,970	0	0	90,439	2.00
3.00 Physical Therapy	0	0	201,625	0	0	0	3.00
4.00 Occupational Therapy	0	0	120,806	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	2,142	0	0	0	6.00
7.00 Home Health Aide	0	0	42,960	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,153	0	1,399,267	2	40	90,439	20.00
21.00 Total cost to be allocated	141,780	0	96,418	165,729	10,282	1,915	21.00
22.00 Unit cost multiplier	15.490003	0.000000	0.068906	82,864.500000	257.050000	0.021174	22.00
Cost Center Description	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	330,040	66	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,562,493	0	0	2.00
3.00 Physical Therapy	0	0	0	325,571	0	0	3.00
4.00 Occupational Therapy	0	0	0	195,076	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	3,461	0	0	6.00
7.00 Home Health Aide	0	0	0	107,315	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	2,523,956	66	9,153	20.00
21.00 Total cost to be allocated	0	0	0	426,518	14,228	386,988	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.168988	215.575758	42.279908	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/29/2014 9:47 am

Home Health Agency I

PPS

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	735	0	2,178	2,178	3,349	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	735	0	2,178	2,178	3,349	20.00
21.00 Total cost to be allocated	0	23,169	0	67,827	31,705	13,680	21.00
22.00 Unit cost multiplier	0.000000	31.522449	0.000000	31.141873	14.556933	4.084801	22.00
Cost Center Description	INTERNS & RESIDENTS						
	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
	15.00	16.00	17.00	21.00	22.00		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 9:47 am		
				HHA CCN: 527157	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,484,181		2,484,181	7,555	328.81	1.00
2.00	Physical Therapy	3.00	517,620	0	517,620	2,636	196.37	2.00
3.00	Occupational Therapy	4.00	310,149	0	310,149	1,183	262.17	3.00
4.00	Speech Pathology	5.00	0	0	0	58	0.00	4.00
5.00	Medical Social Services	6.00	5,503		5,503	73	75.38	5.00
6.00	Home Health Aide	7.00	170,618		170,618	843	202.39	6.00
7.00	Total (sum of lines 1-6)		3,488,071	0	3,488,071	12,348		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0 1.00 2.00 3.00 4.00 5.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care		99952	1,553	3,312			8.00
8.01	Skilled Nursing Care		27500	29	27			8.01
8.02	Skilled Nursing Care		31540	29	123			8.02
9.00	Physical Therapy		99952	676	1,087			9.00
9.01	Physical Therapy		27500	5	15			9.01
9.02	Physical Therapy		31540	8	4			9.02
10.00	Occupational Therapy		99952	305	552			10.00
10.01	Occupational Therapy		27500	4	9			10.01
10.02	Occupational Therapy		31540	7	3			10.02
11.00	Speech Pathology		99952	19	21			11.00
11.01	Speech Pathology		27500	0	0			11.01
11.02	Speech Pathology		31540	0	0			11.02
12.00	Medical Social Services		99952	14	32			12.00
12.01	Medical Social Services		27500	2	0			12.01
12.02	Medical Social Services		31540	1	0			12.02
13.00	Home Health Aide		99952	153	601			13.00
13.01	Home Health Aide		27500	26	8			13.01
13.02	Home Health Aide		31540	5	0			13.02
14.00	Total (sum of lines 8-13)			2,836	5,794			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
0 1.00 2.00 3.00 4.00 5.00								
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00 7.00 8.00 9.00 10.00 11.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,611	3,462		529,713	1,138,340		1.00
2.00	Physical Therapy	689	1,106		135,299	217,185		2.00
3.00	Occupational Therapy	316	564		82,846	147,864		3.00
4.00	Speech Pathology	19	21		0	0		4.00
5.00	Medical Social Services	17	32		1,281	2,412		5.00
6.00	Home Health Aide	184	609		37,240	123,256		6.00
7.00	Total (sum of lines 1-6)	2,836	5,794		786,379	1,629,057		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028	Period: From 01/01/2013	Worksheet H-3
		HHA CCN: 527157	To 12/31/2013	Part I Date/Time Prepared: 5/29/2014 9:47 am
		Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0	0		0		15.00
16.00	Cost of Drugs							16.00
		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,668,053						1.00
2.00	Physical Therapy	352,484						2.00
3.00	Occupational Therapy	230,710						3.00
4.00	Speech Pathology	0						4.00
5.00	Medical Social Services	3,693						5.00
6.00	Home Health Aide	160,496						6.00
7.00	Total (sum of lines 1-6)	2,415,436						7.00
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520028

Period:

Worksheet H-3

HHA CCN: 527157

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

Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.330415	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.332568	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.301840	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.218672	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.159485	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2014 9:47 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		524,290	976,092
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	6,072
13.00	Total PPS Reimbursement - LUPA Episodes		9,029	17,529
14.00	Total PPS Reimbursement - PEP Episodes		4,723	3,190
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	800
16.00	Total PPS Outlier Reimbursement - PEP Episodes		352	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		538,394	1,003,683
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		538,394	1,003,683
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		538,394	1,003,683
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		538,394	1,003,683
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		538,394	1,003,683
31.01	Sequestration adjustment (see instructions)		7,562	15,923
32.00	Interim payments (see instructions)		530,832	987,760
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 520028  
HHA CCN: 527157

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

Worksheet H-5  
Date/Time Prepared: 5/29/2014 9:47 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		530,832		987,760	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		530,832		987,760	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		530,832		987,760	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet K
		Hospice CCN: 521523		Date/Time Prepared: 5/29/2014 9:47 am
Hospice I				

	Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.			0		0 1.00
2.00	Capital Related Costs-Movable Equip.			0		0 2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0 3.00
4.00	Transportation - Staff	0	0	0	0	0 4.00
5.00	Volunteer Service Coordination	20,947	0	0	0	0 5.00
6.00	Administrative and General	74,067	22,720	0	0	17,110 6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	740	0 7.00
8.00	Inpatient - Respite Care	0	0	0	0	0 8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0 9.00
10.00	Nursing Care	434,207	118,317	26,833	128,974	60,648 10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0 11.00
12.00	Physical Therapy	91	7	52	0	0 12.00
13.00	Occupational Therapy	0	0	0	0	0 13.00
14.00	Speech/ Language Pathology	0	0	0	0	0 14.00
15.00	Medical Social Services	45,582	16,506	4,022	0	0 15.00
16.00	Spiritual Counseling	0	0	0	0	0 16.00
17.00	Dietary Counseling	0	0	0	0	0 17.00
18.00	Counseling - Other	34,714	0	5,549	0	0 18.00
19.00	Home Health Aide and Homemaker	0	2,485	0	0	0 19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0 20.00
21.00	Other	0	0	0	0	0 21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	81,561 22.00
23.00	Analgesics	0	0	0	0	0 23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0 24.00
25.00	Other - Specify	0	0	0	0	0 25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0 26.00
27.00	Patient Transportation	0	0	0	0	0 27.00
28.00	Imaging Services	0	0	0	705	0 28.00
29.00	Labs and Diagnostics	0	0	0	0	0 29.00
30.00	Medical Supplies	0	0	0	0	0 30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0 31.00
32.00	Radiation Therapy	0	0	0	0	0 32.00
33.00	Chemotherapy	0	0	0	0	0 33.00
34.00	Other	0	0	0	0	0 34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	45,491	16,499	4,022	0	0 35.00
36.00	Volunteer Program Costs	0	0	0	0	4,277 36.00
37.00	Fundraising	0	0	0	0	0 37.00
38.00	Other Program Costs	0	0	0	0	0 38.00
39.00	Total (sum of lines 1 thru 38)	655,099	176,534	40,478	130,419	163,596 39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K

Hospice CCN: 521523

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:47 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	20,947	0	20,947	0	20,947	5.00
6.00	Administrative and General	113,897	0	113,897	0	113,897	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	740	0	740	0	740	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	768,979	0	768,979	0	768,979	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	150	0	150	0	150	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	66,110	0	66,110	0	66,110	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	40,263	0	40,263	0	40,263	18.00
19.00	Home Health Aide and Homemaker	2,485	0	2,485	0	2,485	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	81,561	0	81,561	0	81,561	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	705	0	705	0	705	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	66,012	0	66,012	0	66,012	35.00
36.00	Volunteer Program Costs	4,277	0	4,277	0	4,277	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,166,126	0	1,166,126	0	1,166,126	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 521523

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:47 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	53,120	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	82,392	351,815	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	53,120	0	82,392	351,815	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 521523

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:47 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	20,947	20,947	5.00
6.00	Administrative and General		0	20,947	74,067	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	434,207	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	91	91	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	45,582	45,582	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		34,714	0	34,714	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	45,491	45,491	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	34,714	133,058	655,099	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet K-2	
		Hospice CCN: 521523				Date/Time Prepared: 5/29/2014 9:47 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	17,045	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	22,451	95,866	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	17,045	0	22,451	95,866	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-2

Hospice CCN: 521523

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:47 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	5,675	22,720	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	118,317	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	7	7	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	16,506	16,506	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		2,485	0	2,485	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	16,499	16,499	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,485	38,687	176,534	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028		Period: From 01/01/2013 To 12/31/2013		Worksheet K-3	
		Hospice CCN: 521523				Date/Time Prepared: 5/29/2014 9:47 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet K-3
		Hospice CCN: 521523		Date/Time Prepared: 5/29/2014 9:47 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	740	740	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	128,974	128,974	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	705	705	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	130,419	130,419	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 520028  
 Hospice CCN: 521523

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

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
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		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	20,947	0	0	0	0	5.00
6.00	Administrative and General	113,897	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	740	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	768,979	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	150	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	66,110	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	40,263	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	2,485	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	81,561	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	705	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	66,012	0	0	0	0	35.00
36.00	Volunteer Program Costs	4,277	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,166,126	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2013	Worksheet K-4
		Hospice CCN: 521523	To 12/31/2013	Part I
				Date/Time Prepared: 5/29/2014 9:47 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00		7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	20,947					5.00
6.00	Administrative and General	20,947	134,844	134,844			6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	740	97		837	7.00
8.00	Inpatient - Respite Care	0	0	0		0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0		0	9.00
10.00	Nursing Care	0	768,979	100,547		869,526	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0		0	11.00
12.00	Physical Therapy	0	150	20		170	12.00
13.00	Occupational Therapy	0	0	0		0	13.00
14.00	Speech/ Language Pathology	0	0	0		0	14.00
15.00	Medical Social Services	0	66,110	8,644		74,754	15.00
16.00	Spiritual Counseling	0	0	0		0	16.00
17.00	Dietary Counseling	0	0	0		0	17.00
18.00	Counseling - Other	0	40,263	5,265		45,528	18.00
19.00	Home Health Aide and Homemaker	0	2,485	325		2,810	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	20.00
21.00	Other	0	0	0		0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	81,561	10,664		92,225	22.00
23.00	Analgesics	0	0	0		0	23.00
24.00	Sedatives / Hypnotics	0	0	0		0	24.00
25.00	Other - Specify	0	0	0		0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0		0	26.00
27.00	Patient Transportation	0	0	0		0	27.00
28.00	Imaging Services	0	705	92		797	28.00
29.00	Labs and Diagnostics	0	0	0		0	29.00
30.00	Medical Supplies	0	0	0		0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0		0	31.00
32.00	Radiation Therapy	0	0	0		0	32.00
33.00	Chemotherapy	0	0	0		0	33.00
34.00	Other	0	0	0		0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	66,012	8,631		74,643	35.00
36.00	Volunteer Program Costs	0	4,277	559		4,836	36.00
37.00	Fundraising	0	0	0		0	37.00
38.00	Other Program Costs	0	0	0		0	38.00
39.00	Total (sum of lines 1 thru 38)	20,947	1,166,126			1,166,126	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028  
 Hospice CCN: 521523

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

Worksheet K-4  
 Part II  
 Date/Time Prepared:  
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		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	198					1.00
2.00	Capital Related Costs-Movable Equip.	0	232				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	15,815		4.00
5.00	Volunteer Service Coordination	0	0	0	533	100	5.00
6.00	Administrative and General	198	232	0	0	100	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	8,820	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	2,456	0	15.00
16.00	Spiritual Counseling	0	0	0	375	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	3,601	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	30	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	20,947	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	209.470000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028  
 Hospice CCN: 521523

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

Worksheet K-4  
 Part II  
 Date/Time Prepared:  
 5/29/2014 9:47 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-134,844	1,031,282	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	740	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	768,979	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	150	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	66,110	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	40,263	18.00
19.00	Home Health Aide and Homemaker	0	2,485	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	81,561	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	705	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	66,012	35.00
36.00	Volunteer Program Costs	0	4,277	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		134,844	39.00
40.00	Unit Cost Multiplier		0.130754	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
		0	3,067	0	4.00	5.01	
1.00	Administrative and General			0	0	0	1.00
2.00	Inpatient - General Care	837	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	869,526	0	0	45,140	165,729	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	170	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	74,754	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	45,528	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	2,810	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	92,225	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	797	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	74,643	0	0	0	0	30.00
31.00	Volunteer Program Costs	4,836	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,166,126	3,067	0	45,140	165,729	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	3,067	1.00
2.00	Inpatient - General Care	0	0	0	0	837	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,570	2,098	0	0	1,085,063	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	170	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	74,754	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	45,528	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	2,810	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	92,225	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	797	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	74,643	30.00
31.00	Volunteer Program Costs	0	0	0	0	4,836	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,570	2,098	0	0	1,384,730	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00 Administrative and General	518	4,743	8,371	0	0	1.00
2.00 Inpatient - General Care	141	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	183,362	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	29	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	12,633	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	7,694	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	475	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	15,585	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	135	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	12,614	0	0	0	0	30.00
31.00 Volunteer Program Costs	817	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	234,003	4,743	8,371	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	29,585	13,829	1,703	268,592	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	29,585	13,829	1,703	268,592	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 521523

To 12/31/2013

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		16.00	17.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	16,699	1.00
2.00	Inpatient - General Care	0	0	0	0	978	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,582,134	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	199	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	87,387	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	53,222	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	3,285	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	107,810	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	932	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	87,257	30.00
31.00	Volunteer Program Costs	0	0	0	0	5,653	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,945,556	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 521523

To 12/31/2013

Part I  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	978	8	986		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,582,134	13,698	1,595,832		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	199	2	201		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	87,387	757	88,144		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	53,222	461	53,683		13.00
14.00	Home Health Aide and Homemaker	0	3,285	28	3,313		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	107,810	933	108,743		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	932	8	940		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	87,257	755	88,012		30.00
31.00	Volunteer Program Costs	0	5,653	49	5,702		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,945,556		1,945,556		34.00
35.00	Unit Cost Multiplier (see instructions)			0.008657			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	198	232	4.00	5.01	5.02	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	624,166	2	10	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	198	232	624,166	2	10	34.00
35.00 Total cost to be allocated	3,067	0	45,140	165,729	2,570	35.00
36.00 Unit Cost Multiplier (see instructions)	15.489899	0.000000	0.072321	82,864.500000	257.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	0	0	0	0	3,067	1.00	
2.00	Inpatient - General Care	0	0	0	0	837	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	109,370	0	0	0	1,085,063	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	170	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	74,754	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	45,528	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	2,810	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	92,225	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	797	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	74,643	30.00	
31.00	Volunteer Program Costs	0	0	0	0	4,836	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	109,370	0	0	0	1,384,730	34.00	
35.00	Total cost to be allocated	2,098	0	0	0	234,003	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.019183	0.000000	0.000000		0.168988	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	18	198	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18	198	0	0	0	34.00
35.00	Total cost to be allocated	4,743	8,371	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	263.500000	42.277778	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I					
		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	910	910	418	93,488	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	910	910	418	93,488	0	34.00
35.00	Total cost to be allocated	29,585	13,829	1,703	268,592	0	35.00
36.00	Unit Cost Multiplier (see instructions)	32.510989	15.196703	4.074163	2.873010	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2014 9:47 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 521523

To 12/31/2013

Part III  
Date/Time Prepared:  
5/29/2014 9:47 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.330415	0	0
2.00	OCCUPATIONAL THERAPY	67.00	0.332568	0	0
3.00	SPEECH PATHOLOGY	68.00	0.301840	0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.159485	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			
6.00	LABORATORY	60.00	0.224398	0	0
6.01	BLOOD LABORATORY	60.01	0.000000	0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.218672	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			
9.00	RADIOLOGY-THERAPEUTIC	55.00			
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			
11.00	Totals (sum of lines 1-10)				0

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 520028

Period: From 01/01/2013

Worksheet K-6

Hospice CCN: 521523

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:47 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,945,556	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				12,275	2.00
3.00	Average cost per diem (line 1 divided by line 2)				158.50	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	11,353				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,799,451				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		267			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		42,320			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,074				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	170,229				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			655		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			103,818		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520028	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 9:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		855,482	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,678	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		27.21	3.00
4.00	Number of interns & residents (see instructions)		1.08	4.00
5.00	Indirect medical education percentage (see instructions)		1.13	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		9,667	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		866,827	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00