

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: 150128
Period: From 01/01/2013 To 12/31/2013
Worksheet 5
Parts I-III
Date/Time Prepared: 5/27/2014 1:01 pm

PART I - COST REPORT STATUS

Provider use only
1. Electronically filed cost report
2. Manually submitted cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. 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. Initial Report for this Provider CCN
9. Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. If line 5, column 1 is 4; Enter number of times reopened = 0-9.

Date: 5/27/2014 Time: 1:01 pm

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 COMMUNITY HOSPITAL SOUTH (150128) 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.

Encryption Information

ECR: Date: 5/27/2014 Time: 1:01 pm
RlyFkQ5pq5toHnwxtJZ2EA4hJ81a60
8ryT10vGkH1N1KnyHkgw41wg74wHUQ
kckdId.35j0JEt0U
PI: Date: 5/27/2014 Time: 1:01 pm
hHPkKwUESvWG2jQAMAR8hgP1MJTA20
YRbPx0dI.GnoFJpnC0PY8dp1Yv8PbCh
gn5e03JoRN0Zudq9

(Signed) *John A. Millard*
Officer or Administrator of Provider(s)
Interim CFO
Title
5/27/14
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	570,869	118,550	-402,115	4,166,742	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	570,869	118,550	-402,115	4,166,742	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: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:51 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1402 EAST COUNTY LINE ROAD SOUTH	PO Box:						1.00		
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46227	County: MARION				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL SOUTH	150128	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,535	497	0	0	3,716	200		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0			25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				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.					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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20		
						1.00		
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	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
				1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,079,481	0	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		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00	

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
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						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:51 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/29/2014	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: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:51 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/29/2014	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	99	36,135	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)		99	36,135	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	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)		135	49,275	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		135				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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,599	2,132	27,120			1.00
2.00 HMO and other (see instructions)	3,791	3,816				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)	8,599	2,132	27,120			7.00
8.00 INTENSIVE CARE UNIT	3,861	0	7,429			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		0	0			13.00
14.00 Total (see instructions)	12,460	2,132	34,549	0.00	738.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	738.00	27.00
28.00 Observation Bed Days		0	2,062			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			452			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: 150128

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

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	3,052	1,367	7,178	1.00
2.00 HMO and other (see instructions)			914			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	3,052	1,367	7,178	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	47,167,928	-12,558	47,155,370	1,249,155.00	37.75
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		0	0	0	0.00	0.00
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	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,077,623	172,461	1,250,084	23,849.00	52.42
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		262,750	0	262,750	3,507.00	74.92
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,154,455	0	1,154,455	20,687.00	55.81
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
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		3,190,825	0	3,190,825		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		66,344	0	66,344		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		46,239	0	46,239		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	219,694	0	219,694	6,467.00	33.97
27.00	Administrative & General	5.00	1,916,317	0	1,916,317	8,746.00	219.11
28.00	Administrative & General under contract (see inst.)		2,010,041	0	2,010,041	17,250.00	116.52
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,248,239	0	1,248,239	63,149.00	19.77
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	740,656	0	740,656	63,544.00	11.66
33.00	Housekeeping under contract (see instructions)		318,040	6,476	324,516	0.00	0.00
34.00	Dietary	10.00	1,096,314	-718,743	377,571	24,092.00	15.67
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	718,743	718,743	45,862.00	15.67
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	203,575	0	203,575	8,429.00	24.15

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150128

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,034,730	0	1,034,730	31,084.00	33.29	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: 150128

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 12:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,496,009	-6,082	49,489,927	1,266,405.00	39.08	1.00
2.00	Excluded area salaries (see instructions)	1,077,623	172,461	1,250,084	23,849.00	52.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,418,386	-178,543	48,239,843	1,242,556.00	38.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,417,205	0	1,417,205	24,194.00	58.58	4.00
5.00	Subtotal wage-related costs (see inst.)	3,190,825	0	3,190,825	0.00	6.61	5.00
6.00	Total (sum of lines 3 thru 5)	53,026,416	-178,543	52,847,873	1,266,750.00	41.72	6.00
7.00	Total overhead cost (see instructions)	8,787,606	6,476	8,794,082	268,623.00	32.74	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 12:51 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,626,232	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,599,096	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		26,193	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		10,182,666	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		133,884	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		124,237	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		56,645	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,303,408	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		20,599	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,072,960	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150128

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2014 12:51 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 12:51 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.240707		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,889,621		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				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		63,075,692		6.00
7.00	Medicaid cost (line 1 times line 6)		15,182,761		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)		12,293,140		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,293,140		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	6,198,797	1,090,749	7,289,546	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,492,094	262,551	1,754,645	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)	1,492,094	262,551	1,754,645	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)			9,839,238	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			350,780	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			9,488,458	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,283,938	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,038,583	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,331,723	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/27/2014 12:51 pm

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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	9,621,996	9,621,996	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	8,267,380	8,267,380	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	219,694	10,673,374	10,893,068	-71	10,892,997
5.00	00500	ADMINISTRATIVE & GENERAL	1,916,317	49,744,691	51,661,008	-11,503,101	40,157,907
7.00	00700	OPERATION OF PLANT	1,248,239	2,032,428	3,280,667	868,084	4,148,751
8.00	00800	LAUNDRY & LINEN SERVICE	0	482,137	482,137	0	482,137
9.00	00900	HOUSEKEEPING	740,656	625,154	1,365,810	-32,748	1,333,062
10.00	01000	DIETARY	1,096,314	430,978	1,527,292	-763,221	764,071
11.00	01100	CAFETERIA	0	0	897,120	897,120	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,024,729	1,024,729	0	1,024,729
16.00	01600	MEDICAL RECORDS & LIBRARY	203,575	1,264,588	1,468,163	-70	1,468,093
17.00	01700	SOCIAL SERVICE	1,034,730	601,787	1,636,517	-3,683	1,632,834
19.00	01900	NONPHYSICIAN ANESTHETISTS	861,707	184,619	1,046,326	-63,736	982,590
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	105,875	105,875	164,851	270,726
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	37,519	37,519	38,727	76,246
23.02	02303	ALLIED HEALTH	0	0	0	50,829	50,829
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,106,940	3,487,924	16,594,864	-4,942,386	11,652,478
31.00	03100	INTENSIVE CARE UNIT	4,622,147	1,239,386	5,861,533	-439,547	5,421,986
43.00	04300	NURSERY	0	0	0	2,172,712	2,172,712
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,509,760	15,979,749	18,489,509	-14,084,115	4,405,394
51.00	05100	RECOVERY ROOM	2,163,528	675,602	2,839,130	-238,804	2,600,326
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,952,842	1,952,842
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,803,399	1,502,420	3,305,819	-1,093,758	2,212,061
55.00	05500	RADIOLOGY-THERAPEUTIC	278,715	1,194,716	1,473,431	-795,339	678,092
57.00	05700	CT SCAN	491,291	741,792	1,233,083	83,684	1,316,767
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	175,133	379,640	554,773	-171,693	383,080
59.00	05900	CARDIAC CATHETERIZATION	765,346	4,963,071	5,728,417	-4,472,806	1,255,611
60.00	06000	LABORATORY	0	4,551,871	4,551,871	-3,370	4,548,501
65.00	06500	RESPIRATORY THERAPY	1,643,801	488,967	2,132,768	-213,903	1,918,865
66.00	06600	PHYSICAL THERAPY	1,854,114	657,431	2,511,545	-805,744	1,705,801
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	542,216	542,216
68.00	06800	SPEECH PATHOLOGY	0	0	0	74,536	74,536
69.00	06900	ELECTROCARDIOLOGY	646,171	533,117	1,179,288	-84,061	1,095,227
70.00	07000	ELECTROENCEPHALOGRAPHY	434,322	533,154	967,476	-218,270	749,206
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-17,459	-17,459	6,587,612	6,570,153
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	547,648	547,648	11,250,697	11,798,345
73.00	07300	DRUGS CHARGED TO PATIENTS	1,913,738	4,950,033	6,863,771	-299,162	6,564,609
74.00	07400	RENAL DIALYSIS	0	326,125	326,125	-16,499	309,626
76.00	03950	ENDOSCOPY	452,190	582,491	1,034,681	-399,203	635,478
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.06	03330	IMAGING CENTER	671,630	2,466,352	3,137,982	-1,026,660	2,111,322
76.97	07697	CARDIAC REHABILITATION	152,682	32,628	185,310	-4,064	181,246
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	44,313	44,313	0	44,313
90.02	04951	ANTI-COAGULATION CLINIC	393,431	91,787	485,218	-754	484,464
90.03	04952	PALLIATIVE CARE	0	109,953	109,953	0	109,953
90.04	04953	SPIRE CENTER	746,783	312,571	1,059,354	-181,750	877,604
91.00	09100	EMERGENCY	3,943,952	1,605,964	5,549,916	-461,909	5,088,007
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,090,305	115,189,125	161,279,430	252,859	161,532,289
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	9,325	9,325	0	9,325
192.00	19200	PHYSICIANS' PRIVATE OFFICES	781,248	2,654,366	3,435,614	-250,585	3,185,029
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet A Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	296,375	609,557	905,932	-2,274	903,658	194.08
200.00		TOTAL (SUM OF LINES 118-199)	47,167,928	118,462,373	165,630,301	0	165,630,301	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150128

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

Worksheet A
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,234,016	7,387,980	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-48,647	8,218,733	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,838,516	13,731,513	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,047,098	19,110,809	5.00
7.00	00700	OPERATION OF PLANT	-136,263	4,012,488	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	482,137	8.00
9.00	00900	HOUSEKEEPING	0	1,333,062	9.00
10.00	01000	DIETARY	-132,187	631,884	10.00
11.00	01100	CAFETERIA	0	897,120	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,024,729	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-52,253	1,415,840	16.00
17.00	01700	SOCIAL SERVICE	0	1,632,834	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-982,590	0	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-19,176	251,550	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	76,246	23.01
23.02	02303	ALLIED HEALTH	59,896	110,725	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-11,390	11,641,088	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,421,986	31.00
43.00	04300	NURSERY	0	2,172,712	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-23,301	4,382,093	50.00
51.00	05100	RECOVERY ROOM	0	2,600,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,952,842	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-213,002	1,999,059	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	678,092	55.00
57.00	05700	CT SCAN	0	1,316,767	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	383,080	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,255,611	59.00
60.00	06000	LABORATORY	-621,807	3,926,694	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,918,865	65.00
66.00	06600	PHYSICAL THERAPY	-29,777	1,676,024	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	542,216	67.00
68.00	06800	SPEECH PATHOLOGY	0	74,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,095,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,540	747,666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-8,224	6,561,929	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,798,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,564,609	73.00
74.00	07400	RENAL DIALYSIS	0	309,626	74.00
76.00	03950	ENDOSCOPY	0	635,478	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.05
76.06	03330	IMAGING CENTER	-38	2,111,284	76.06
76.97	07697	CARDIAC REHABILITATION	-9,376	171,870	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	-44,313	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	484,464	90.02
90.03	04952	PALLIATIVE CARE	-109,953	0	90.03
90.04	04953	SPINE CENTER	-16,772	860,832	90.04
91.00	09100	EMERGENCY	-259,140	4,828,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-23,102,451	138,429,838	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	9,325	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-26,514	3,158,515	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	903,658	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
200.00	TOTAL (SUM OF LINES 118-199)	-23,128,965	142,501,336	200.00	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - OTHER CAPITAL BUILDING RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,167,025	1.00
2.00	OPERATION OF PLANT	7.00	0	734,722	2.00
3.00	DIETARY	10.00	0	1,348	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	2,903,095	
B - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00		57,424	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
			0	57,424	
C - Cafeteria Salary					
1.00	CAFETERIA	11.00	718,743		1.00
			718,743	0	
D - Cafeteria Other					
1.00	CAFETERIA	11.00	0	178,377	1.00
TOTALS			0	178,377	
E - THERAPY SALARY					
1.00	OCCUPATIONAL THERAPY	67.00	472,640	0	1.00
2.00	SPEECH PATHOLOGY	68.00	64,972	0	2.00
TOTALS			537,612	0	
F - THERAPY OTHER					
1.00	PHYSICAL THERAPY	66.00	0	193,797	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	69,576	2.00
3.00	SPEECH PATHOLOGY	68.00	0	9,564	3.00
TOTALS			0	272,937	
G - Dietary Food Service Allocation					
1.00	DIETARY	10.00		205,868	1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00

RECLASSIFICATIONS

Provider CCN: 150128

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	
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00

					0
					205,868
H - Plant Operations Expense					
1.00	ADMINISTRATIVE & GENERAL	5.00		116,044	1.00
2.00	OPERATION OF PLANT	7.00		200,446	2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00

					0
					316,490
J - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,798,345	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS					11,798,345
K - Medical Supplies					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,089	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,635,713	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS					6,671,802
L - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,734,754	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	9,734,754	
M - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,882,494	1.00
TOTALS			0	5,882,494	
N - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,634,399	1.00
TOTALS			0	3,634,399	
O - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	118,206	1.00
TOTALS			0	118,206	
P - Labor and Delivery Salary					
1.00	NURSERY	43.00		1,835,998	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		1,650,202	2.00
			0	3,486,200	
Q - Labor and Delivery Other					
1.00	NURSERY	43.00		336,714	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		302,640	2.00
			0	639,354	
R - Radiology Support Salary					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	137,386	1.00
2.00	CT SCAN	57.00	0	313,016	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	78,485	3.00
TOTALS			0	528,887	
S - Radiology Support Other					
1.00	RADIOLOGY-THERAPEUTIC	55.00		27,289	1.00
2.00	CT SCAN	57.00		62,175	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		15,590	3.00
			0	105,054	
T - EMS School Allied Health					
1.00	EMS TRAINING-ALLIED HEALTH	23.00	0	68,509	1.00
TOTALS			0	68,509	
U - EMS School Allied Health					
1.00	EMS TRAINING-ALLIED HEALTH	23.00	96,342	0	1.00
			96,342	0	
V - Pharmacy Residency Recl ass					
1.00	ALLIED HEALTH	23.02	0	10,685	1.00
			0	10,685	
W - Pharm Resident Costs					
1.00	ALLIED HEALTH	23.02	40,144	0	1.00
			40,144	0	
X - RADIOLOGY SCHOOL ALLIED HEALTH OTHER					
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	0	2,752	1.00
TOTALS			0	2,752	

RECLASSIFICATIONS

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Period:
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		Increases			
		Cost Center	Line #	Salary	Other
		2.00	3.00	4.00	5.00
Y - Radiology School Allied Health					
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01	35,975	
				35,975	0
Z - EIB RECLASS SALARY TO OTHER					
1.00	ADULTS & PEDIATRICS		30.00	0	12,558
	TOTALS			0	12,558
500.00	Grand Total: Increases			1,428,816	46,628,190

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - OTHER CAPITAL BUILDING RENTAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,103	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	71	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	121,202	0		3.00
4.00	HOUSEKEEPING	9.00	0	799	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	70	0		5.00
6.00	SOCIAL SERVICE	17.00	0	534	0		6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	147	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	36,722	0		8.00
9.00	OPERATING ROOM	50.00	0	721,747	0		9.00
10.00	RECOVERY ROOM	51.00	0	3,801	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,683	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	305	0		12.00
13.00	CT SCAN	57.00	0	157	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	76	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	1,511	0		15.00
16.00	LABORATORY	60.00	0	76	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	3,359	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	150,216	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	190	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	80,102	0		20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,001	0		21.00
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	532,798	0		22.00
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	223,734	0		23.00
24.00	RENAL DIALYSIS	74.00	0	45	0		24.00
25.00	ENDOSCOPY	76.00	0	400	0		25.00
26.00	IMAGING CENTER	76.06	0	674,557	0		26.00
27.00	SPINE CENTER	90.04	0	108,989	0		27.00
28.00	EMERGENCY	91.00	0	3,467	0		28.00
29.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	160,062	0		29.00
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	171	0		30.00
TOTALS			0	2,903,095			
B - Drugs Charges to Pat							
1.00	INTENSIVE CARE UNIT	31.00		30			1.00
2.00	OPERATING ROOM	50.00		1,079			2.00
3.00	PHYSICAL THERAPY	66.00		804			3.00
4.00	ELECTROCARDIOLOGY	69.00		54,015			4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00		491			5.00
6.00	IMAGING CENTER	76.06		132			6.00
7.00	SPINE CENTER	90.04		390			7.00
8.00	EMERGENCY	91.00		483			8.00
TOTALS			0	57,424			
C - Cafeteria Salary							
1.00	DIETARY	10.00	718,743				1.00
TOTALS			718,743	0			
D - Cafeteria Other							
1.00	DIETARY	10.00	0	178,377	0		1.00
TOTALS			0	178,377			
E - THERAPY SALARY							
1.00	PHYSICAL THERAPY	66.00	537,612	0	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			537,612	0			
F - THERAPY OTHER							
1.00	PHYSICAL THERAPY	66.00	0	272,937	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	272,937			
G - Dietary Food Service Allocation							
1.00	ADMINISTRATIVE & GENERAL	5.00		40,670			1.00
2.00	OPERATION OF PLANT	7.00		1,682			2.00
3.00	HOUSEKEEPING	9.00		292			3.00
4.00	SOCIAL SERVICE	17.00		1,344			4.00
5.00	ADULTS & PEDIATRICS	30.00		71,361			5.00
6.00	INTENSIVE CARE UNIT	31.00		21,465			6.00
7.00	OPERATING ROOM	50.00		14,740			7.00
8.00	RECOVERY ROOM	51.00		14,954			8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00		2,072			9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00		96			10.00
11.00	CT SCAN	57.00		259			11.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		10		12.00
13.00	CARDIAC CATHETERIZATION	59.00		19		13.00
14.00	LABORATORY	60.00		53		14.00
15.00	RESPIRATORY THERAPY	65.00		295		15.00
16.00	PHYSICAL THERAPY	66.00		490		16.00
17.00	ELECTROCARDIOLOGY	69.00		273		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00		1,566		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00		1,196		19.00
20.00	IMAGING CENTER	76.06		1,861		20.00
21.00	EMERGENCY	91.00		29,262		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00		69		22.00
23.00	OTHER NONREIMBURSABLE COST CENTERS	194.08		1,839		23.00
			0	205,868		
H - Plant Operations Expense						
1.00	HOUSEKEEPING	9.00		4,284		1.00
2.00	NONPHYSICIAN ANESTHETISTS	19.00		243		2.00
3.00	ADULTS & PEDIATRICS	30.00		13,737		3.00
4.00	INTENSIVE CARE UNIT	31.00		8,335		4.00
5.00	OPERATING ROOM	50.00		145,535		5.00
6.00	RECOVERY ROOM	51.00		327		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		10,494		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00		754		8.00
9.00	CT SCAN	57.00		66,760		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,290		10.00
11.00	CARDIAC CATHETERIZATION	59.00		6,748		11.00
12.00	LABORATORY	60.00		964		12.00
13.00	RESPIRATORY THERAPY	65.00		7,974		13.00
14.00	PHYSICAL THERAPY	66.00		51		14.00
15.00	ELECTROCARDIOLOGY	69.00		3,065		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00		2,137		16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		1,803		17.00
18.00	ENDOSCOPY	76.00		16,068		18.00
19.00	IMAGING CENTER	76.06		20,235		19.00
20.00	CARDIAC REHABILITATION	76.97		1,392		20.00
21.00	ANTI-COAGULATION CLINIC	90.02		310		21.00
22.00	SPINE CENTER	90.04		462		22.00
23.00	EMERGENCY	91.00		3,522		23.00
			0	316,490		
J - Implantable Device Recl ass						
1.00	OPERATING ROOM	50.00	0	8,470,261	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	217,685	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	3,103,531	0	3.00
4.00	ENDOSCOPY	76.00	0	6,868	0	4.00
	TOTALS		0	11,798,345		
K - Medical Supplies						
1.00	OPERATION OF PLANT	7.00	0	32	0	1.00
2.00	DIETARY	10.00	0	254	0	2.00
3.00	NONPHYSICIAN ANESTHETISTS	19.00	0	47,246	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	383,905	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	232,826	0	5.00
6.00	OPERATING ROOM	50.00	0	3,291,984	0	6.00
7.00	RECOVERY ROOM	51.00	0	161,011	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,273	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	669,443	0	9.00
10.00	CT SCAN	57.00	0	101,014	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,375	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,131,306	0	12.00
13.00	LABORATORY	60.00	0	117	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	167,501	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	1,431	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	2,731	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	23,952	0	17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00	0	61,536	0	18.00
19.00	RENAL DIALYSIS	74.00	0	16,454	0	19.00
20.00	ENDOSCOPY	76.00	0	199,586	0	20.00
21.00	IMAGING CENTER	76.06	0	18,624	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	117	0	22.00
23.00	SPINE CENTER	90.04	0	389	0	23.00
24.00	EMERGENCY	91.00	0	139,695	0	24.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
TOTALS						0	6,671,802
L - Depreciation Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,492,662	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	65,370	0	2.00	
3.00	HOUSEKEEPING	9.00	0	27,373	0	3.00	
4.00	DIETARY	10.00	0	73,063	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	1,805	0	5.00	
6.00	NONPHYSICIAN ANESTHETISTS	19.00	0	16,100	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	311,107	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	176,891	0	8.00	
9.00	OPERATING ROOM	50.00	0	1,438,769	0	9.00	
10.00	RECOVERY ROOM	51.00	0	58,711	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	360,568	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	71,731	0	12.00	
13.00	CT SCAN	57.00	0	123,317	0	13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	260,017	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	229,691	0	15.00	
16.00	LABORATORY	60.00	0	2,160	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	34,774	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	36,000	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	23,787	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	110,022	0	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,297	0	21.00	
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,850	0	22.00	
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	19,291	0	23.00	
24.00	ENDOSCOPY	76.00	0	176,281	0	24.00	
25.00	IMAGING CENTER	76.06	0	311,251	0	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	2,555	0	26.00	
27.00	ANTI-COAGULATION CLINIC	90.02	0	444	0	27.00	
28.00	SPINE CENTER	90.04	0	71,520	0	28.00	
29.00	EMERGENCY	91.00	0	120,629	0	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	90,454	0	30.00	
31.00	OTHER NONREIMBURSABLE COST CENTERS	194.08	0	264	0	31.00	
TOTALS						0	9,734,754
M - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,882,494	11	1.00	
TOTALS						0	5,882,494
N - Depreciation by CC							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,634,399	9	1.00	
TOTALS						0	3,634,399
O - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	118,206	12	1.00	
TOTALS						0	118,206
P - Labor and Delivery Salary							
1.00	ADULTS & PEDIATRICS	30.00		3,486,200		1.00	
2.00						2.00	
TOTALS						0	3,486,200
Q - Labor and Delivery Other							
1.00	ADULTS & PEDIATRICS	30.00		639,354		1.00	
2.00						2.00	
TOTALS						0	639,354
R - Radiology Support Salary							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	528,887	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
TOTALS						0	528,887
S - Radiology Support Other							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		105,054		1.00	
2.00						2.00	
3.00						3.00	
TOTALS						0	105,054
T - EMS School Allied Health							
1.00	EMERGENCY	91.00	0	68,509	0	1.00	
TOTALS						0	68,509
U - EMS School Allied Health							
1.00	EMERGENCY	91.00	96,342			1.00	
TOTALS						96,342	0

RECLASSIFICATIONS

Provider CCN: 150128

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 12:51 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
	V - Pharmacy Residency Recl ass							
1.00	DRUGS CHARGED TO PATIENTS	73.00		10,685				1.00
			0	10,685				
	W - Pharm Resident Costs							
1.00	DRUGS CHARGED TO PATIENTS	73.00	40,144					1.00
			40,144	0				
	X - RADIOLOGY SCHOOL ALLIED HEALTH OTHER							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,752		0		1.00
	TOTALS		0	2,752				
	Y - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	35,975					1.00
			35,975	0				
	Z - EIB RECLASS SALARY TO OTHER							
1.00	ADULTS & PEDIATRICS	30.00	12,558	0		0		1.00
	TOTALS		12,558	0				
500.00	Grand Total: Decreases		1,441,374	46,615,632				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0	0	0	1.00
2.00	Land Improvements	2,645,221	0	0	0	2.00
3.00	Buildings and Fixtures	158,111,510	4,333,145	0	4,333,145	3.00
4.00	Building Improvements	1,534,316	171,391	0	171,391	4.00
5.00	Fixed Equipment	880,245	0	0	0	5.00
6.00	Movable Equipment	57,970,966	2,822,400	0	2,822,400	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	221,639,258	7,326,936	0	7,326,936	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	221,639,258	7,326,936	0	7,326,936	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	497,000	0			1.00
2.00	Land Improvements	2,645,221	0			2.00
3.00	Buildings and Fixtures	162,444,655	0			3.00
4.00	Building Improvements	1,705,707	0			4.00
5.00	Fixed Equipment	880,245	0			5.00
6.00	Movable Equipment	60,566,776	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	228,739,604	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	228,739,604	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150128

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	168,172,828	0	168,172,828	0.735215	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,566,776	0	60,566,776	0.264785	0	2.00
3.00	Total (sum of lines 1-2)	228,739,604	0	228,739,604	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,634,399	-13,103	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,051,708	2,167,025	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,686,107	2,153,922	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,648,478	118,206	0	0	7,387,980	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,218,733	2.00
3.00	Total (sum of lines 1-2)	3,648,478	118,206	0	0	15,606,713	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-37,966		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-46,225		CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-546,210					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	-605,545					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist	A	-982,590		NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 Misc Revenue	B	-4,962		ADMINISTRATIVE & GENERAL	5.00		0	33.00
33.01 Misc Revenue	B	-116,263		OPERATION OF PLANT	7.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150128

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 Misc Revenue	B	-52,253	MEDICAL RECORDS & LIBRARY	16.00	0	33.02
33.03 Misc Revenue	B	-1,335	ADULTS & PEDIATRICS	30.00	0	33.03
33.04 Misc Revenue	B	-26,482	PHYSICAL THERAPY	66.00	0	33.04
33.05 Misc Revenue	B	-8,224	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33.05
33.06 Misc Revenue	B	-38	IMAGING CENTER	76.06	0	33.06
33.07 Misc Revenue	B	-9,376	CARDIAC REHABILITATION	76.97	0	33.07
33.08 Misc Rev MACL	B	-20,000	OPERATION OF PLANT	7.00	0	33.08
33.09 MISC REVENUE 35200	B	-30,644	DIETARY	10.00	0	33.09
33.10 MISC REVENUE 35200	B	-213,002	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11 MISC REVENUE 35200	B	-2,175	ADULTS & PEDIATRICS	30.00	0	33.11
33.12 Outside Corp Revenue	B	-1,508	LABORATORY	60.00	0	33.12
33.13 Leased Equipment CBI	B	-2,894,100	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 Space Rental Revenue CBI	B	-146,760	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15 Disposal of Assets	B	-1,700	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.15
34.00 Non-Allowable Interest Expense 00	A	-10,712	CAP REL COSTS-BLDG & FIXT	1.00	11	34.00
34.01 Non-Allowable Interest Expense 00	A	-104,327	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02 LOC Non-Allow Interest Expense	A	-137,838	CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03 Non-Allowable Interest Expense 00	A	-1,961,926	CAP REL COSTS-BLDG & FIXT	1.00	11	34.03
34.04 Non-Allowable Interest Expense 00	A	-91,579	ADMINISTRATIVE & GENERAL	5.00	0	34.04
34.05 2012B Non-Allow Interest Expense	A	-93,531	CAP REL COSTS-BLDG & FIXT	1.00	11	34.05
34.06 2012B Non-Allow Interest Expense	A	-1,541	ADMINISTRATIVE & GENERAL	5.00	0	34.06
34.07 50M BMO Non-Allow Interest Expense	A	-30,009	CAP REL COSTS-BLDG & FIXT	1.00	11	34.07
35.00 HAF Tax Offset	A	-7,159,835	ADMINISTRATIVE & GENERAL	5.00	0	35.00
35.01 Bad Debt Expense	A	-9,774,338	ADMINISTRATIVE & GENERAL	5.00	0	35.01
35.02 Bad Debt Expense	A	-3,295	PHYSICAL THERAPY	66.00	0	35.02
35.03 Bad Debt Expense	A	-16,772	SPINE CENTER	90.04	0	35.03
35.04 Bad Debt Expense	A	-26,514	PHYSICIANS' PRIVATE OFFICES	192.00	0	35.04
36.00 PENSION EXPENSE	A	2,838,516	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01 Corporate Sponsorship	A	-13,858	DIETARY	10.00	0	36.01
36.02 Non Allow Marketing Expense	A	-851,673	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03 Patient Telephone Depreciation Adjustment	A	-722	CAP REL COSTS-MVBLE EQUIP	2.00	9	36.03
36.04 Meals of Wheels Cost	A	-87,685	DIETARY	10.00	0	36.04
36.05 EMS Training A_H Onset	A	59,896	ALLIED HEALTH	23.02	0	36.05
36.06 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-109,953	PALLIATIVE CARE	90.03	0	36.06
36.07 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-44,313	DIABETIC CARE CENTER	90.01	0	36.07
36.08 Medical Director Site-CHS	A	240,402	ADMINISTRATIVE & GENERAL	5.00	0	36.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,128,965				50.00

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

Provider CCN: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 12:51 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	60.00	LABORATORY	PURCHASED LAB SERVICES	3,479,387	4,099,686 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1550 POB SPACE RENTAL	71,987	56,774 2.00
3.00	30.00	ADULTS & PEDIATRICS	1550 POB SPACE RENTAL	42,317	33,375 3.00
4.00	50.00	OPERATING ROOM	1550 POB SPACE RENTAL	16,373	25,774 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,610,064	4,215,609 5.00

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

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

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

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

6.00	C	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	OTHER			100.00

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

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

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

Provider CCN: 150128

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 12:51 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-620,299	0		1.00
2.00	15,213	0		2.00
3.00	8,942	0		3.00
4.00	-9,401	0		4.00
5.00	-605,545			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150128

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 12:51 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,019,375	231,632	783,743	177,200	17,824	1.00
2.00	23.00	DR. A	51,975	0	51,975	177,200	385	2.00
3.00	30.00	DR. B	25,000	0	25,000	177,200	96	3.00
4.00	50.00	DR. C	25,000	0	25,000	208,000	111	4.00
5.00	60.00	DR. D	75,000	0	75,000	215,700	792	5.00
6.00	70.00	DR. E	10,400	0	10,400	177,200	104	6.00
7.00	91.00	DR. F	376,279	192,942	183,337	177,200	1,375	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,583,029	424,574	1,154,455		20,687	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,518,468	75,923	0	0	0	1.00
2.00	23.00	DR. A	32,799	1,640	0	0	0	2.00
3.00	30.00	DR. B	8,178	409	0	0	0	3.00
4.00	50.00	DR. C	11,100	555	0	0	0	4.00
5.00	60.00	DR. D	82,132	4,107	0	0	0	5.00
6.00	70.00	DR. E	8,860	443	0	0	0	6.00
7.00	91.00	DR. F	117,139	5,857	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,778,676	88,934	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	1,518,468	0	235,632		1.00
2.00	23.00	DR. A	0	32,799	19,176	19,176		2.00
3.00	30.00	DR. B	0	8,178	16,822	16,822		3.00
4.00	50.00	DR. C	0	11,100	13,900	13,900		4.00
5.00	60.00	DR. D	0	82,132	0	0		5.00
6.00	70.00	DR. E	0	8,860	1,540	1,540		6.00
7.00	91.00	DR. F	0	117,139	66,198	259,140		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,778,676	117,636	546,210		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,387,980	7,387,980			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,218,733		8,218,733		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,731,513	18,250	0	13,749,763	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,110,809	252,004	4,585,896	561,383	5.00
7.00 00700	OPERATION OF PLANT	4,012,488	1,533,682	54,578	365,670	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	482,137	19,631	0	0	8.00
9.00 00900	HOUSEKEEPING	1,333,062	50,397	22,854	216,974	9.00
10.00 01000	DIETARY	631,884	314,900	82,010	110,609	10.00
11.00 01100	CAFETERIA	897,120	153,552	39,992	210,555	11.00
13.00 01300	NURSING ADMINISTRATION	1,024,729	80,447	0	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,415,840	34,245	0	59,637	16.00
17.00 01700	SOCIAL SERVICE	1,632,834	11,100	1,507	303,123	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	5,541	13,442	252,436	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	251,550	0	0	28,223	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	76,246	0	0	10,539	23.01
23.02 02303	ALLIED HEALTH	110,725	0	0	11,760	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,641,088	1,336,393	151,523	3,835,994	30.00
31.00 03100	INTENSIVE CARE UNIT	5,421,986	560,069	147,689	1,354,053	31.00
43.00 04300	NURSERY	2,172,712	211,413	56,996	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,382,093	611,025	1,201,247	735,232	50.00
51.00 05100	RECOVERY ROOM	2,600,326	155,824	49,019	633,803	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,952,842	190,034	51,229	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,999,059	216,430	301,043	517,765	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	678,092	34,979	59,889	81,649	55.00
57.00 05700	CT SCAN	1,316,767	27,025	102,959	143,923	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	383,080	34,315	217,092	51,305	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,255,611	86,548	191,772	224,207	59.00
60.00 06000	LABORATORY	3,926,694	92,439	1,803	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,918,865	26,396	29,033	481,550	65.00
66.00 06600	PHYSICAL THERAPY	1,676,024	34,315	51,399	385,668	66.00
67.00 06700	OCCUPATIONAL THERAPY	542,216	5,122	7,662	138,459	67.00
68.00 06800	SPEECH PATHOLOGY	74,536	699	1,054	19,033	68.00
69.00 06900	ELECTROCARDIOLOGY	1,095,227	0	19,860	189,295	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	747,666	44,926	91,859	127,234	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,561,929	208,319	11,102	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,798,345	0	12,398	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,564,609	26,221	16,106	548,867	73.00
74.00 07400	RENAL DIALYSIS	309,626	22,655	0	0	74.00
76.00 03950	ENDOSCOPY	635,478	0	147,179	132,469	76.00
76.01 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.01
76.02 03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.02
76.03 03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.03
76.04 03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.05
76.06 03330	IMAGING CENTER	2,111,284	0	259,868	196,753	76.06
76.97 07697	CARDIAC REHABILITATION	171,870	0	2,133	44,728	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	484,464	0	371	115,255	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	860,832	0	59,713	218,769	90.04
91.00 09100	EMERGENCY	4,828,867	538,725	100,715	1,127,154	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	138,429,838	6,937,621	8,142,992	13,434,074	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	9,325	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	3,158,515	0	75,521	228,866	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02 07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.04 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	427,634	0	0	427,634	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	903,658	22,725	220	86,823	1,013,426	194.08
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)	142,501,336	7,387,980	8,218,733	13,749,763	142,501,336	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 12:51 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,510,092				5.00
7.00	00700	OPERATION OF PLANT	1,239,392	7,205,810			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	104,231	25,332	631,331		8.00
9.00	00900	HOUSEKEEPING	337,202	65,034	0	2,025,523	9.00
10.00	01000	DIETARY	236,686	406,356	0	115,676	1,898,121
11.00	01100	CAFETERIA	270,300	198,147	0	56,406	0
13.00	01300	NURSING ADMINISTRATION	229,576	103,811	0	29,551	0
16.00	01600	MEDICAL RECORDS & LIBRARY	313,612	44,191	0	12,580	0
17.00	01700	SOCIAL SERVICE	404,771	14,324	0	4,078	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	56,381	7,151	0	2,036	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	58,117	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	18,028	0	0	0	0
23.02	02303	ALLIED HEALTH	25,444	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,524,112	1,724,520	180,261	490,913	1,489,972
31.00	03100	INTENSIVE CARE UNIT	1,554,594	722,728	50,405	205,736	408,149
43.00	04300	NURSERY	507,089	272,814	25,652	77,661	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,439,471	788,484	58,130	224,454	0
51.00	05100	RECOVERY ROOM	714,371	201,080	0	57,241	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	455,777	245,226	23,057	69,807	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	630,308	279,288	53,320	79,504	0
55.00	05500	RADIOLOGY-THERAPEUTIC	177,526	45,138	53,306	12,849	0
57.00	05700	CT SCAN	330,428	34,874	0	9,928	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	142,458	44,281	57,825	12,605	0
59.00	05900	CARDIAC CATHETERIZATION	365,214	111,684	57,038	31,792	0
60.00	06000	LABORATORY	835,261	119,286	0	33,956	0
65.00	06500	RESPIRATORY THERAPY	510,148	34,062	0	9,696	0
66.00	06600	PHYSICAL THERAPY	446,076	44,281	0	12,605	0
67.00	06700	OCCUPATIONAL THERAPY	144,051	6,609	0	1,881	0
68.00	06800	SPEECH PATHOLOGY	19,801	902	0	257	0
69.00	06900	ELECTROCARDIOLOGY	270,957	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	210,155	57,973	0	16,503	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,408,676	268,821	0	76,524	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,453,422	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,486,461	33,837	0	9,632	0
74.00	07400	RENAL DIALYSIS	69,024	29,235	0	8,322	0
76.00	03950	ENDOSCOPY	190,097	0	0	0	0
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.06	03330	IMAGING CENTER	533,426	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	45,437	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	ANTI-COAGULATION CLINIC	124,655	0	0	0	0
90.03	04952	PALLIATIVE CARE	0	0	0	0	0
90.04	04953	SPINE CENTER	236,667	0	0	0	0
91.00	09100	EMERGENCY	1,370,062	695,185	72,337	197,895	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,489,464	6,624,654	631,331	1,860,088	1,898,121
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	1,937	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	719,342	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	88,832	551,831	0	157,087	0
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	210,517	29,325	0	8,348	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	24,510,092	7,205,810	631,331	2,025,523	1,898,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,826,072					11.00
13.00	01300	NURSING ADMINISTRATION	0	1,468,114				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,840	0	1,885,945			16.00
17.00	01700	SOCIAL SERVICE	49,128	0	0	2,420,865		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	15,008	0	0	0	351,995	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	5,026	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	1,525	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	1,642	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	486,875	723,787	156,754	1,900,311	0	30.00
31.00	03100	INTENSIVE CARE UNIT	226,359	336,504	61,179	520,554	0	31.00
43.00	04300	NURSERY	76,052	115,408	30,827	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,409	0	177,057	0	351,995	50.00
51.00	05100	RECOVERY ROOM	91,798	0	64,355	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,852	0	35,152	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,246	0	63,599	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,542	0	42,133	0	0	55.00
57.00	05700	CT SCAN	45,457	0	116,820	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,684	0	28,520	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,201	0	117,687	0	0	59.00
60.00	06000	LABORATORY	0	0	168,425	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	80,771	0	34,577	0	0	65.00
66.00	06600	PHYSICAL THERAPY	48,417	0	19,902	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,049	0	7,539	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,728	0	3,144	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,221	0	63,865	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,066	0	9,308	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	114,421	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	110,054	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,901	0	126,149	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,140	0	0	74.00
76.00	03950	ENDOSCOPY	15,799	0	16,556	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	0	60,249	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	7,762	0	1,918	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	5,054	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	5,987	0	0	90.04
91.00	09100	EMERGENCY	196,701	292,415	241,574	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,826,059	1,468,114	1,885,945	2,420,865	351,995	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	13	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		11.00	13.00	16.00	17.00	19.00	
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,826,072	1,468,114	1,885,945	2,420,865	351,995	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	342,916					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	106,338				23.01
23.02	02303	ALLIED HEALTH	0	0	149,571			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	27,642,503	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,570,005	0	31.00
43.00	04300	NURSERY	0	0	0	3,546,624	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	10,080,597	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,567,817	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,106,976	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	106,338	0	4,314,900	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,207,103	0	55.00
57.00	05700	CT SCAN	0	0	0	2,128,181	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	985,165	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,472,754	0	59.00
60.00	06000	LABORATORY	0	0	0	5,177,864	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,125,098	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,718,687	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	870,588	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	122,154	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,667,425	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,325,690	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,649,792	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,374,219	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,571	9,035,354	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	442,002	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	1,137,578	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	0	0	3,161,580	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	273,848	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	729,799	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	1,381,968	0	90.04
91.00	09100	EMERGENCY	342,916	0	0	10,004,546	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	342,916	106,338	149,571	135,820,817	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	11,262	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,182,244	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,225,384	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150128

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

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Cost Center Description			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			23.00	23.01	23.02	24.00	25.00		
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,261,629	0	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	342,916	106,338	149,571	142,501,336	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	27,642,503	30.00
31.00	03100 INTENSIVE CARE UNIT	11,570,005	31.00
43.00	04300 NURSERY	3,546,624	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	10,080,597	50.00
51.00	05100 RECOVERY ROOM	4,567,817	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,106,976	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,314,900	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,207,103	55.00
57.00	05700 CT SCAN	2,128,181	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	985,165	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,472,754	59.00
60.00	06000 LABORATORY	5,177,864	60.00
65.00	06500 RESPIRATORY THERAPY	3,125,098	65.00
66.00	06600 PHYSICAL THERAPY	2,718,687	66.00
67.00	06700 OCCUPATIONAL THERAPY	870,588	67.00
68.00	06800 SPEECH PATHOLOGY	122,154	68.00
69.00	06900 ELECTROCARDIOLOGY	1,667,425	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,325,690	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,649,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,374,219	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,035,354	73.00
74.00	07400 RENAL DIALYSIS	442,002	74.00
76.00	03950 ENDOSCOPY	1,137,578	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	76.05
76.06	03330 IMAGING CENTER	3,161,580	76.06
76.97	07697 CARDIAC REHABILITATION	273,848	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	729,799	90.02
90.03	04952 PALLIATIVE CARE	0	90.03
90.04	04953 SPINE CENTER	1,381,968	90.04
91.00	09100 EMERGENCY	10,004,546	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,820,817	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	11,262	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,182,244	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	1,225,384	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	1,261,629	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	142,501,336		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,250	0	18,250	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	252,004	4,585,896	4,837,900	5.00
7.00 00700	OPERATION OF PLANT	0	1,533,682	54,578	1,588,260	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,631	0	19,631	8.00
9.00 00900	HOUSEKEEPING	0	50,397	22,854	73,251	9.00
10.00 01000	DIETARY	0	314,900	82,010	396,910	10.00
11.00 01100	CAFETERIA	0	153,552	39,992	193,544	11.00
13.00 01300	NURSING ADMINISTRATION	0	80,447	0	80,447	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	34,245	0	34,245	16.00
17.00 01700	SOCIAL SERVICE	0	11,100	1,507	12,607	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	5,541	13,442	18,983	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02303	ALLIED HEALTH	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,336,393	151,523	1,487,916	30.00
31.00 03100	INTENSIVE CARE UNIT	0	560,069	147,689	707,758	31.00
43.00 04300	NURSERY	0	211,413	56,996	268,409	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	611,025	1,201,247	1,812,272	50.00
51.00 05100	RECOVERY ROOM	0	155,824	49,019	204,843	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	190,034	51,229	241,263	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	216,430	301,043	517,473	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	34,979	59,889	94,868	55.00
57.00 05700	CT SCAN	0	27,025	102,959	129,984	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	34,315	217,092	251,407	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	86,548	191,772	278,320	59.00
60.00 06000	LABORATORY	0	92,439	1,803	94,242	60.00
65.00 06500	RESPIRATORY THERAPY	0	26,396	29,033	55,429	65.00
66.00 06600	PHYSICAL THERAPY	0	34,315	51,399	85,714	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,122	7,662	12,784	67.00
68.00 06800	SPEECH PATHOLOGY	0	699	1,054	1,753	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	19,860	19,860	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	44,926	91,859	136,785	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	208,319	11,102	219,421	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,398	12,398	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	26,221	16,106	42,327	73.00
74.00 07400	RENAL DIALYSIS	0	22,655	0	22,655	74.00
76.00 03950	ENDOSCOPY	0	0	147,179	147,179	76.00
76.01 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.01
76.02 03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.02
76.03 03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.03
76.04 03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.05
76.06 03330	IMAGING CENTER	0	0	259,868	259,868	76.06
76.97 07697	CARDIAC REHABILITATION	0	0	2,133	2,133	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	0	0	371	371	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	59,713	59,713	90.04
91.00 09100	EMERGENCY	0	538,725	100,715	639,440	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,937,621	8,142,992	15,080,613	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	75,521	75,521	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02 07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.04 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150128

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	427,634	0	427,634	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	0	22,725	220	22,945	115	194.08
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	7,387,980	8,218,733	15,606,713	18,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	4,838,645				5.00	
7.00	00700	OPERATION OF PLANT	244,677	1,833,423			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	20,577	6,445	46,653		8.00	
9.00	00900	HOUSEKEEPING	66,569	16,547	0	156,655	9.00	
10.00	01000	DIETARY	46,726	103,392	0	8,946	10.00	
11.00	01100	CAFETERIA	53,362	50,416	0	4,362	11.00	
13.00	01300	NURSING ADMINISTRATION	45,322	26,413	0	2,286	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	61,912	11,244	0	973	16.00	
17.00	01700	SOCIAL SERVICE	79,909	3,645	0	315	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	11,131	1,819	0	157	19.00	
23.00	02300	EMS TRAINING-ALLIED HEALTH	11,473	0	0	0	23.00	
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	3,559	0	0	0	23.01	
23.02	02303	ALLIED HEALTH	5,023	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	695,660	438,781	13,320	37,968	436,539	30.00
31.00	03100	INTENSIVE CARE UNIT	306,903	183,889	3,725	15,912	119,582	31.00
43.00	04300	NURSERY	100,108	69,414	1,896	6,006	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	284,176	200,619	4,296	17,359	0	50.00
51.00	05100	RECOVERY ROOM	141,029	51,162	0	4,427	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,978	62,394	1,704	5,399	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	124,433	71,061	3,940	6,149	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,047	11,485	3,939	994	0	55.00
57.00	05700	CT SCAN	65,232	8,873	0	768	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,124	11,267	4,273	975	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,099	28,416	4,215	2,459	0	59.00
60.00	06000	LABORATORY	164,895	30,351	0	2,626	0	60.00
65.00	06500	RESPIRATORY THERAPY	100,712	8,667	0	750	0	65.00
66.00	06600	PHYSICAL THERAPY	88,063	11,267	0	975	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,438	1,682	0	146	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,909	230	0	20	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,491	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,488	14,751	0	1,276	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	278,096	68,398	0	5,918	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	484,347	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	293,452	8,609	0	745	0	73.00
74.00	07400	RENAL DIALYSIS	13,627	7,438	0	644	0	74.00
76.00	03950	ENDOSCOPY	37,528	0	0	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	105,307	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	8,970	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	24,609	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	46,722	0	0	0	0	90.04
91.00	09100	EMERGENCY	270,473	176,881	5,345	15,305	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,637,156	1,685,556	46,653	143,860	556,121	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	382	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	142,010	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	17,537	140,406	0	12,149	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	41,560	7,461	0	646	0	194.08
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128			Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,838,645	1,833,423	46,653	156,655	556,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			11.00	13.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	301,964					11.00
13.00	01300	NURSING ADMINISTRATION	0	154,468				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	966	0	109,419			16.00
17.00	01700	SOCIAL SERVICE	8,124	0	0	105,003		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,482	0	0	0	34,907	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	831	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	252	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	272	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,511	76,153	9,099	82,424		30.00
31.00	03100	INTENSIVE CARE UNIT	37,431	35,405	3,551	22,579		31.00
43.00	04300	NURSERY	12,576	12,143	1,789	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,423	0	10,278	0		50.00
51.00	05100	RECOVERY ROOM	15,180	0	3,736	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,866	0	2,041	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,285	0	3,692	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,562	0	2,446	0		55.00
57.00	05700	CT SCAN	7,517	0	6,781	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,263	0	1,656	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,159	0	6,832	0		59.00
60.00	06000	LABORATORY	0	0	9,777	0		60.00
65.00	06500	RESPIRATORY THERAPY	13,357	0	2,007	0		65.00
66.00	06600	PHYSICAL THERAPY	8,006	0	1,155	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,819	0	438	0		67.00
68.00	06800	SPEECH PATHOLOGY	451	0	183	0		68.00
69.00	06900	ELECTROCARDIOLOGY	4,667	0	3,707	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,318	0	540	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,642	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,389	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,220	0	7,323	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	182	0		74.00
76.00	03950	ENDOSCOPY	2,613	0	961	0		76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.05
76.06	03330	IMAGING CENTER	0	0	3,497	0		76.06
76.97	07697	CARDIAC REHABILITATION	1,284	0	111	0		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0		90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	293	0		90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0		90.03
90.04	04953	SPINE CENTER	0	0	348	0		90.04
91.00	09100	EMERGENCY	32,527	30,767	13,965	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	301,962	154,468	109,419	105,003	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	2	0	0	0		194.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS		
		11.00	13.00	16.00	17.00	19.00		
200.00	Cross Foot Adjustments						34,907	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	301,964	154,468	109,419	105,003	34,907		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm		
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		23.00	23.01	23.02	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	12,341			23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		3,825		23.01
23.02	02303	ALLIED HEALTH			5,311	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			3,363,458	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,438,533	0 31.00
43.00	04300	NURSERY			472,341	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			2,348,399	0 50.00
51.00	05100	RECOVERY ROOM			421,219	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			416,645	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			738,721	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			152,449	0 55.00
57.00	05700	CT SCAN			219,346	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			300,033	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			397,798	0 59.00
60.00	06000	LABORATORY			301,891	0 60.00
65.00	06500	RESPIRATORY THERAPY			181,561	0 65.00
66.00	06600	PHYSICAL THERAPY			195,692	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			46,491	0 67.00
68.00	06800	SPEECH PATHOLOGY			6,571	0 68.00
69.00	06900	ELECTROCARDIOLOGY			81,976	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			198,327	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			578,475	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			503,134	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			365,405	0 73.00
74.00	07400	RENAL DIALYSIS			44,546	0 74.00
76.00	03950	ENDOSCOPY			188,457	0 76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS			0	0 76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS			0	0 76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS			0	0 76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS			0	0 76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS			0	0 76.05
76.06	03330	IMAGING CENTER			368,933	0 76.06
76.97	07697	CARDIAC REHABILITATION			12,557	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			0	0 90.00
90.01	04950	DIABETIC CARE CENTER			0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC			25,426	0 90.02
90.03	04952	PALLIATIVE CARE			0	0 90.03
90.04	04953	SPINE CENTER			107,073	0 90.04
91.00	09100	EMERGENCY			1,186,200	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	14,661,657 0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0 190.00
191.00	19100	RESEARCH			382	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			217,835	0 192.00
193.00	19300	NONPAID WORKERS			0	0 193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS			0	0 194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS			597,726	0 194.06

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS				72,729	0	194.08
200.00		Cross Foot Adjustments	12,341	3,825	5,311	56,384	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,341	3,825	5,311	15,606,713	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300 EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301 RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02303 ALLIED HEALTH		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	3,363,458	30.00
31.00	03100 INTENSIVE CARE UNIT	1,438,533	31.00
43.00	04300 NURSERY	472,341	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,348,399	50.00
51.00	05100 RECOVERY ROOM	421,219	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	416,645	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	738,721	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	152,449	55.00
57.00	05700 CT SCAN	219,346	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	300,033	58.00
59.00	05900 CARDIAC CATHETERIZATION	397,798	59.00
60.00	06000 LABORATORY	301,891	60.00
65.00	06500 RESPIRATORY THERAPY	181,561	65.00
66.00	06600 PHYSICAL THERAPY	195,692	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,491	67.00
68.00	06800 SPEECH PATHOLOGY	6,571	68.00
69.00	06900 ELECTROCARDIOLOGY	81,976	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	198,327	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	578,475	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	503,134	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	365,405	73.00
74.00	07400 RENAL DIALYSIS	44,546	74.00
76.00	03950 ENDOSCOPY	188,457	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	76.05
76.06	03330 IMAGING CENTER	368,933	76.06
76.97	07697 CARDIAC REHABILITATION	12,557	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	25,426	90.02
90.03	04952 PALLIATIVE CARE	0	90.03
90.04	04953 SPINE CENTER	107,073	90.04
91.00	09100 EMERGENCY	1,186,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,661,657	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	382	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	217,835	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	597,726	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	72,729	194.08
200.00	Cross Foot Adjustments	56,384	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	15,606,713	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	422,633				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		9,843,818			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,044	0	46,935,676		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,416	5,492,662	1,916,317	-24,510,092	5.00
7.00 00700	OPERATION OF PLANT	87,735	65,370	1,248,239	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,123	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,883	27,373	740,656	0	9.00
10.00 01000	DIETARY	18,014	98,226	377,571	0	10.00
11.00 01100	CAFETERIA	8,784	47,900	718,743	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,602	0	0	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,959	0	203,575	0	16.00
17.00 01700	SOCIAL SERVICE	635	1,805	1,034,730	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	317	16,100	861,707	0	19.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	0	96,342	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	35,975	0	23.01
23.02 02303	ALLIED HEALTH	0	0	40,144	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,449	181,483	13,094,382	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,039	176,891	4,622,147	0	31.00
43.00 04300	NURSERY	12,094	68,266	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	34,954	1,438,769	2,509,760	0	50.00
51.00 05100	RECOVERY ROOM	8,914	58,711	2,163,528	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,871	61,358	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,381	360,568	1,767,424	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,001	71,731	278,715	0	55.00
57.00 05700	CT SCAN	1,546	123,317	491,291	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,963	260,017	175,133	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,951	229,691	765,346	0	59.00
60.00 06000	LABORATORY	5,288	2,160	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,510	34,774	1,643,801	0	65.00
66.00 06600	PHYSICAL THERAPY	1,963	61,562	1,316,502	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	293	9,177	472,640	0	67.00
68.00 06800	SPEECH PATHOLOGY	40	1,262	64,972	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	23,787	646,171	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,570	110,022	434,322	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,917	13,297	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,850	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,500	19,291	1,873,594	0	73.00
74.00 07400	RENAL DIALYSIS	1,296	0	0	0	74.00
76.00 03950	ENDOSCOPY	0	176,281	452,190	0	76.00
76.01 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.01
76.02 03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.02
76.03 03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.03
76.04 03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05 03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.05
76.06 03330	IMAGING CENTER	0	311,251	671,630	0	76.06
76.07 07697	CARDIAC REHABILITATION	0	2,555	152,682	0	76.07
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	ANTI-COAGULATION CLINIC	0	444	393,431	0	90.02
90.03 04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	71,520	746,783	0	90.04
91.00 09100	EMERGENCY	30,818	120,629	3,847,610	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,870	9,753,100	45,858,053	-24,510,092	113,077,957
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	90,454	781,248	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.01
194.02 07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.04 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	24,463	0	0	0	427,634	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 OTHER NONREIMBURSABLE COST CENTERS	1,300	264	296,375	0	1,013,426	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,387,980	8,218,733	13,749,763		24,510,092	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.480840	0.834913	0.292949		0.207728	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			18,250		4,838,645	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000389		0.041009	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	319,438				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,123	875,362			8.00	
9.00	00900	HOUSEKEEPING	2,883	0	315,432		9.00	
10.00	01000	DIETARY	18,014	0	18,014	34,549	10.00	
11.00	01100	CAFETERIA	8,784	0	8,784	0	1,155,378	11.00
13.00	01300	NURSING ADMINISTRATION	4,602	0	4,602	0	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,959	0	1,959	0	3,695	16.00
17.00	01700	SOCIAL SERVICE	635	0	635	0	31,084	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	317	0	317	0	9,496	19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	3,180	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	965	23.01
23.02	02303	ALLIED HEALTH	0	0	0	0	1,039	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,449	249,939	76,449	27,120	308,052	30.00
31.00	03100	INTENSIVE CARE UNIT	32,039	69,888	32,039	7,429	143,220	31.00
43.00	04300	NURSERY	12,094	35,568	12,094	0	48,119	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,954	80,599	34,954	0	70,490	50.00
51.00	05100	RECOVERY ROOM	8,914	0	8,914	0	58,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,871	31,969	10,871	0	53,054	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,381	73,930	12,381	0	43,180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,001	73,911	2,001	0	13,630	55.00
57.00	05700	CT SCAN	1,546	0	1,546	0	28,761	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,963	80,176	1,963	0	8,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,951	79,085	4,951	0	19,741	59.00
60.00	06000	LABORATORY	5,288	0	5,288	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,510	0	1,510	0	51,105	65.00
66.00	06600	PHYSICAL THERAPY	1,963	0	1,963	0	30,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	293	0	293	0	10,787	67.00
68.00	06800	SPEECH PATHOLOGY	40	0	40	0	1,726	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	17,856	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,570	0	2,570	0	12,696	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,917	0	11,917	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,500	0	1,500	0	46,758	73.00
74.00	07400	RENAL DIALYSIS	1,296	0	1,296	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	9,996	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	4,911	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	30,818	100,297	30,818	0	124,455	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	293,675	875,362	289,669	34,549	1,155,370	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	24,463	0	24,463	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.08	07958 OTHER NONREIMBURSABLE COST CENTERS	1,300	0	1,300	0	8	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,205,810	631,331	2,025,523	1,898,121	1,826,072	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.557773	0.721223	6.421425	54.939969	1.580497	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,833,423	46,653	156,655	556,121	301,964	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.739527	0.053296	0.496636	16.096587	0.261355	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
			13.00	16.00	17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	624,846					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	564,258,216				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,549			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	100		19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	0	0	0	100	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	308,052	46,904,197	27,120			30.00
31.00	03100	INTENSIVE CARE UNIT	143,220	18,306,070	7,429			31.00
43.00	04300	NURSERY	49,119	9,223,995	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,979,361	0	100	0	50.00
51.00	05100	RECOVERY ROOM	0	19,256,470	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,518,267	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,030,344	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,607,106	0	0	0	55.00
57.00	05700	CT SCAN	0	34,955,143	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,533,900	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,214,636	0	0	0	59.00
60.00	06000	LABORATORY	0	50,396,585	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,346,245	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,955,000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,255,851	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	940,860	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,109,826	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,785,019	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,237,429	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,930,691	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,746,559	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	939,697	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	4,953,820	0	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	18,027,688	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	574,001	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,512,410	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	1,791,538	0	0	0	90.04
91.00	09100	EMERGENCY	124,455	72,225,508	0	0	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	624,846	564,258,216	34,549	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
			13.00	16.00	17.00	19.00	23.00	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
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)	1,468,114	1,885,945	2,420,865	351,995	342,916	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.349561	0.003342	70.070480	3,519.950000	3,429.160000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	154,468	109,419	105,003	34,907	12,341	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.247210	0.000194	3.039249	349.070000	123.410000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	100	23.01
23.02	02303	ALLIED HEALTH	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
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
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 PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	100	74.00
76.00	03950	ENDOSCOPY	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	76.05
76.06	03330	IMAGING CENTER	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	90.02
90.03	04952	PALLIATIVE CARE	0	90.03
90.04	04953	SPINE CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150128

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description			RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	ALLIED HEALTH (ASSIGNED TIME)	
			23.01	23.02	
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.08
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)	106,338	149,571	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,063.380000	1,495.710000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,825	5,311	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	38.250000	53.110000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	27,642,503		27,642,503	16,822	27,659,325	30.00
31.00	03100 INTENSIVE CARE UNIT	11,570,005		11,570,005	0	11,570,005	31.00
43.00	04300 NURSERY	3,546,624		3,546,624	0	3,546,624	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,080,597		10,080,597	13,900	10,094,497	50.00
51.00	05100 RECOVERY ROOM	4,567,817		4,567,817	0	4,567,817	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,106,976		3,106,976	0	3,106,976	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,314,900		4,314,900	0	4,314,900	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,207,103		1,207,103	0	1,207,103	55.00
57.00	05700 CT SCAN	2,128,181		2,128,181	0	2,128,181	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	985,165		985,165	0	985,165	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,472,754		2,472,754	0	2,472,754	59.00
60.00	06000 LABORATORY	5,177,864		5,177,864	0	5,177,864	60.00
65.00	06500 RESPIRATORY THERAPY	3,125,098	0	3,125,098	0	3,125,098	65.00
66.00	06600 PHYSICAL THERAPY	2,718,687	0	2,718,687	0	2,718,687	66.00
67.00	06700 OCCUPATIONAL THERAPY	870,588	0	870,588	0	870,588	67.00
68.00	06800 SPEECH PATHOLOGY	122,154	0	122,154	0	122,154	68.00
69.00	06900 ELECTROCARDIOLOGY	1,667,425		1,667,425	0	1,667,425	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,325,690		1,325,690	1,540	1,327,230	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,649,792		8,649,792	0	8,649,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,374,219		14,374,219	0	14,374,219	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,035,354		9,035,354	0	9,035,354	73.00
74.00	07400 RENAL DIALYSIS	442,002		442,002	0	442,002	74.00
76.00	03950 ENDOSCOPY	1,137,578		1,137,578	0	1,137,578	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.05
76.06	03330 IMAGING CENTER	3,161,580		3,161,580	0	3,161,580	76.06
76.97	07697 CARDIAC REHABILITATION	273,848		273,848	0	273,848	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	729,799		729,799	0	729,799	90.02
90.03	04952 PALLIATIVE CARE	0		0	0	0	90.03
90.04	04953 SPINE CENTER	1,381,968		1,381,968	0	1,381,968	90.04
91.00	09100 EMERGENCY	10,004,546		10,004,546	66,198	10,070,744	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,954,405		1,954,405	0	1,954,405	92.00
200.00	Subtotal (see instructions)	137,775,222	0	137,775,222	98,460	137,873,682	200.00
201.00	Less Observation Beds	1,954,405		1,954,405	0	1,954,405	201.00
202.00	Total (see instructions)	135,820,817	0	135,820,817	98,460	135,919,277	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00			10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,481,949		37,481,949		30.00
31.00	03100	INTENSIVE CARE UNIT	18,306,070		18,306,070		31.00
43.00	04300	NURSERY	9,223,995		9,223,995		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,634,537	16,344,824	52,979,361	0.190274	50.00
51.00	05100	RECOVERY ROOM	9,828,305	9,428,165	19,256,470	0.237209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,292,624	2,225,643	10,518,267	0.295389	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,508,719	13,521,625	19,030,344	0.226738	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,293	9,105,813	12,607,106	0.095748	55.00
57.00	05700	CT SCAN	9,508,650	25,446,493	34,955,143	0.060883	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,803,487	6,730,413	8,533,900	0.115441	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,637,198	20,577,438	35,214,636	0.070219	59.00
60.00	06000	LABORATORY	28,788,753	21,607,832	50,396,585	0.102742	60.00
65.00	06500	RESPIRATORY THERAPY	9,638,262	707,983	10,346,245	0.302051	65.00
66.00	06600	PHYSICAL THERAPY	2,679,543	3,275,457	5,955,000	0.456539	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,493,357	762,494	2,255,851	0.385924	67.00
68.00	06800	SPEECH PATHOLOGY	307,918	632,942	940,860	0.129832	68.00
69.00	06900	ELECTROCARDIOLOGY	5,372,745	13,737,081	19,109,826	0.087255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,171	2,611,848	2,785,019	0.476008	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,227,018	12,010,411	34,237,429	0.252641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,803,975	9,126,716	32,930,691	0.436499	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,029,965	8,716,594	37,746,559	0.239369	73.00
74.00	07400	RENAL DIALYSIS	939,697	0	939,697	0.470367	74.00
76.00	03950	ENDOSCOPY	1,080,891	3,872,929	4,953,820	0.229637	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.05
76.06	03330	IMAGING CENTER	60,793	17,966,895	18,027,688	0.175374	76.06
76.97	07697	CARDIAC REHABILITATION	225	573,776	574,001	0.477086	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	90.01
90.02	04951	ANTI-COAGULATION CLINIC	8,117	1,504,293	1,512,410	0.482540	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0.000000	90.03
90.04	04953	SPINE CENTER	0	1,791,538	1,791,538	0.771386	90.04
91.00	09100	EMERGENCY	16,918,006	55,307,502	72,225,508	0.138518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	498,215	8,924,033	9,422,248	0.207424	92.00
200.00		Subtotal (see instructions)	297,747,478	266,510,738	564,258,216		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	297,747,478	266,510,738	564,258,216		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.190536		50.00
51.00	05100 RECOVERY ROOM	0.237209		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.295389		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226738		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.095748		55.00
57.00	05700 CT SCAN	0.060883		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.115441		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070219		59.00
60.00	06000 LABORATORY	0.102742		60.00
65.00	06500 RESPIRATORY THERAPY	0.302051		65.00
66.00	06600 PHYSICAL THERAPY	0.456539		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385924		67.00
68.00	06800 SPEECH PATHOLOGY	0.129832		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087255		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.476560		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.436499		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.239369		73.00
74.00	07400 RENAL DIALYSIS	0.470367		74.00
76.00	03950 ENDOSCOPY	0.229637		76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.05
76.06	03330 IMAGING CENTER	0.175374		76.06
76.97	07697 CARDIAC REHABILITATION	0.477086		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.482540		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.771386		90.04
91.00	09100 EMERGENCY	0.139435		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207424		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150128

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	27,642,503		27,642,503	16,822	27,659,325	30.00
31.00	03100 INTENSIVE CARE UNIT	11,570,005		11,570,005	0	11,570,005	31.00
43.00	04300 NURSERY	3,546,624		3,546,624	0	3,546,624	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,080,597		10,080,597	13,900	10,094,497	50.00
51.00	05100 RECOVERY ROOM	4,567,817		4,567,817	0	4,567,817	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,106,976		3,106,976	0	3,106,976	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,314,900		4,314,900	0	4,314,900	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,207,103		1,207,103	0	1,207,103	55.00
57.00	05700 CT SCAN	2,128,181		2,128,181	0	2,128,181	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	985,165		985,165	0	985,165	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,472,754		2,472,754	0	2,472,754	59.00
60.00	06000 LABORATORY	5,177,864		5,177,864	0	5,177,864	60.00
65.00	06500 RESPIRATORY THERAPY	3,125,098	0	3,125,098	0	3,125,098	65.00
66.00	06600 PHYSICAL THERAPY	2,718,687	0	2,718,687	0	2,718,687	66.00
67.00	06700 OCCUPATIONAL THERAPY	870,588	0	870,588	0	870,588	67.00
68.00	06800 SPEECH PATHOLOGY	122,154	0	122,154	0	122,154	68.00
69.00	06900 ELECTROCARDIOLOGY	1,667,425		1,667,425	0	1,667,425	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,325,690		1,325,690	1,540	1,327,230	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,649,792		8,649,792	0	8,649,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,374,219		14,374,219	0	14,374,219	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,035,354		9,035,354	0	9,035,354	73.00
74.00	07400 RENAL DIALYSIS	442,002		442,002	0	442,002	74.00
76.00	03950 ENDOSCOPY	1,137,578		1,137,578	0	1,137,578	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.05
76.06	03330 IMAGING CENTER	3,161,580		3,161,580	0	3,161,580	76.06
76.97	07697 CARDIAC REHABILITATION	273,848		273,848	0	273,848	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0		0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	729,799		729,799	0	729,799	90.02
90.03	04952 PALLIATIVE CARE	0		0	0	0	90.03
90.04	04953 SPINE CENTER	1,381,968		1,381,968	0	1,381,968	90.04
91.00	09100 EMERGENCY	10,004,546		10,004,546	66,198	10,070,744	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,954,405		1,954,405	0	1,954,405	92.00
200.00	Subtotal (see instructions)	137,775,222	0	137,775,222	98,460	137,873,682	200.00
201.00	Less Observation Beds	1,954,405		1,954,405	0	1,954,405	201.00
202.00	Total (see instructions)	135,820,817	0	135,820,817	98,460	135,919,277	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 12:51 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,481,949		37,481,949			30.00
31.00	03100	INTENSIVE CARE UNIT	18,306,070		18,306,070			31.00
43.00	04300	NURSERY	9,223,995		9,223,995			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,634,537	16,344,824	52,979,361	0.190274	0.000000	50.00
51.00	05100	RECOVERY ROOM	9,828,305	9,428,165	19,256,470	0.237209	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,292,624	2,225,643	10,518,267	0.295389	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,508,719	13,521,625	19,030,344	0.226738	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,293	9,105,813	12,607,106	0.095748	0.000000	55.00
57.00	05700	CT SCAN	9,508,650	25,446,493	34,955,143	0.060883	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,803,487	6,730,413	8,533,900	0.115441	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,637,198	20,577,438	35,214,636	0.070219	0.000000	59.00
60.00	06000	LABORATORY	28,788,753	21,607,832	50,396,585	0.102742	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,638,262	707,983	10,346,245	0.302051	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,679,543	3,275,457	5,955,000	0.456539	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,493,357	762,494	2,255,851	0.385924	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	307,918	632,942	940,860	0.129832	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,372,745	13,737,081	19,109,826	0.087255	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,171	2,611,848	2,785,019	0.476008	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,227,018	12,010,411	34,237,429	0.252641	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,803,975	9,126,716	32,930,691	0.436499	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,029,965	8,716,594	37,746,559	0.239369	0.000000	73.00
74.00	07400	RENAL DIALYSIS	939,697	0	939,697	0.470367	0.000000	74.00
76.00	03950	ENDOSCOPY	1,080,891	3,872,929	4,953,820	0.229637	0.000000	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.05
76.06	03330	IMAGING CENTER	60,793	17,966,895	18,027,688	0.175374	0.000000	76.06
76.97	07697	CARDIAC REHABILITATION	225	573,776	574,001	0.477086	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02	04951	ANTI-COAGULATION CLINIC	8,117	1,504,293	1,512,410	0.482540	0.000000	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0.000000	0.000000	90.03
90.04	04953	SPINE CENTER	0	1,791,538	1,791,538	0.771386	0.000000	90.04
91.00	09100	EMERGENCY	16,918,006	55,307,502	72,225,508	0.138518	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	498,215	8,924,033	9,422,248	0.207424	0.000000	92.00
200.00		Subtotal (see instructions)	297,747,478	266,510,738	564,258,216			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	297,747,478	266,510,738	564,258,216			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.190536		50.00
51.00	05100 RECOVERY ROOM	0.237209		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.295389		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226738		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.095748		55.00
57.00	05700 CT SCAN	0.060883		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.115441		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070219		59.00
60.00	06000 LABORATORY	0.102742		60.00
65.00	06500 RESPIRATORY THERAPY	0.302051		65.00
66.00	06600 PHYSICAL THERAPY	0.456539		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385924		67.00
68.00	06800 SPEECH PATHOLOGY	0.129832		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087255		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.476560		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.436499		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.239369		73.00
74.00	07400 RENAL DIALYSIS	0.470367		74.00
76.00	03950 ENDOSCOPY	0.229637		76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.05
76.06	03330 IMAGING CENTER	0.175374		76.06
76.97	07697 CARDIAC REHABILITATION	0.477086		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.482540		90.02
90.03	04952 PALLIATIVE CARE	0.000000		90.03
90.04	04953 SPINE CENTER	0.771386		90.04
91.00	09100 EMERGENCY	0.139435		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207424		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150128

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

Worksheet C Part II Date/Time Prepared: 5/27/2014 12:51 pm

Cost Center Description		Title XIX					Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,080,597	2,348,399	7,732,198	0	0	50.00
51.00	05100	RECOVERY ROOM	4,567,817	421,219	4,146,598	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,106,976	416,645	2,690,331	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,314,900	738,721	3,576,179	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,207,103	152,449	1,054,654	0	0	55.00
57.00	05700	CT SCAN	2,128,181	219,346	1,908,835	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	985,165	300,033	685,132	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,472,754	397,798	2,074,956	0	0	59.00
60.00	06000	LABORATORY	5,177,864	301,891	4,875,973	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	3,125,098	181,561	2,943,537	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,718,687	195,692	2,522,995	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	870,588	46,491	824,097	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	122,154	6,571	115,583	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,667,425	81,976	1,585,449	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,325,690	198,327	1,127,363	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,649,792	578,475	8,071,317	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,374,219	503,134	13,871,085	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,035,354	365,405	8,669,949	0	0	73.00
74.00	07400	RENAL DIALYSIS	442,002	44,546	397,456	0	0	74.00
76.00	03950	ENDOSCOPY	1,137,578	188,457	949,121	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	3,161,580	368,933	2,792,647	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	273,848	12,557	261,291	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	729,799	25,426	704,373	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	1,381,968	107,073	1,274,895	0	0	90.04
91.00	09100	EMERGENCY	10,004,546	1,186,200	8,818,346	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,954,405	237,662	1,716,743	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	95,016,090	9,624,987	85,391,103	0	0	200.00
201.00		Less Observation Beds	1,954,405	237,662	1,716,743	0	0	201.00
202.00		Total (line 200 minus line 201)	93,061,685	9,387,325	83,674,360	0	0	202.00

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

Provider CCN: 150128

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

Worksheet C Part II Date/Time Prepared: 5/27/2014 12:51 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	10,080,597	52,979,361	0.190274		50.00
51.00	05100 RECOVERY ROOM	4,567,817	19,256,470	0.237209		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,106,976	10,518,267	0.295389		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,314,900	19,030,344	0.226738		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,207,103	12,607,106	0.095748		55.00
57.00	05700 CT SCAN	2,128,181	34,955,143	0.060883		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	985,165	8,533,900	0.115441		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,472,754	35,214,636	0.070219		59.00
60.00	06000 LABORATORY	5,177,864	50,396,585	0.102742		60.00
65.00	06500 RESPIRATORY THERAPY	3,125,098	10,346,245	0.302051		65.00
66.00	06600 PHYSICAL THERAPY	2,718,687	5,955,000	0.456539		66.00
67.00	06700 OCCUPATIONAL THERAPY	870,588	2,255,851	0.385924		67.00
68.00	06800 SPEECH PATHOLOGY	122,154	940,860	0.129832		68.00
69.00	06900 ELECTROCARDIOLOGY	1,667,425	19,109,826	0.087255		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,325,690	2,785,019	0.476008		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,649,792	34,237,429	0.252641		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,374,219	32,930,691	0.436499		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,035,354	37,746,559	0.239369		73.00
74.00	07400 RENAL DIALYSIS	442,002	939,697	0.470367		74.00
76.00	03950 ENDOSCOPY	1,137,578	4,953,820	0.229637		76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.05
76.06	03330 IMAGING CENTER	3,161,580	18,027,688	0.175374		76.06
76.97	07697 CARDIAC REHABILITATION	273,848	574,001	0.477086		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000		90.01
90.02	04951 ANTI-COAGULATION CLINIC	729,799	1,512,410	0.482540		90.02
90.03	04952 PALLIATIVE CARE	0	0	0.000000		90.03
90.04	04953 SPINE CENTER	1,381,968	1,791,538	0.771386		90.04
91.00	09100 EMERGENCY	10,004,546	72,225,508	0.138518		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,954,405	9,422,248	0.207424		92.00
200.00	Subtotal (sum of lines 50 thru 199)	95,016,090	499,246,202			200.00
201.00	Less Observation Beds	1,954,405	0			201.00
202.00	Total (line 200 minus line 201)	93,061,685	499,246,202			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,363,458	0	3,363,458	29,182	115.26	30.00
31.00	INTENSIVE CARE UNIT	1,438,533		1,438,533	7,429	193.64	31.00
43.00	NURSERY	472,341		472,341	0	0.00	43.00
200.00	Total (Lines 30-199)	5,274,332		5,274,332	36,611		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	8,599	991,121	30.00
31.00	INTENSIVE CARE UNIT	3,861	747,644	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	12,460	1,738,765	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,348,399	52,979,361	0.044327	16,580,452	734,962	50.00
51.00	05100	RECOVERY ROOM	421,219	19,256,470	0.021874	790,725	17,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	416,645	10,518,267	0.039612	40,339	1,598	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,721	19,030,344	0.038818	2,625,515	101,917	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	152,449	12,607,106	0.012092	1,839,828	22,247	55.00
57.00	05700	CT SCAN	219,346	34,955,143	0.006275	4,256,895	26,712	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	300,033	8,533,900	0.035158	753,230	26,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	397,798	35,214,636	0.011296	5,892,445	66,561	59.00
60.00	06000	LABORATORY	301,891	50,396,585	0.005990	13,123,370	78,609	60.00
65.00	06500	RESPIRATORY THERAPY	181,561	10,346,245	0.017548	4,107,165	72,073	65.00
66.00	06600	PHYSICAL THERAPY	195,692	5,955,000	0.032862	1,402,920	46,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,491	2,255,851	0.020609	826,932	17,042	67.00
68.00	06800	SPEECH PATHOLOGY	6,571	940,860	0.006984	194,309	1,357	68.00
69.00	06900	ELECTROCARDIOLOGY	81,976	19,109,826	0.004290	3,778,196	16,208	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,327	2,785,019	0.071212	79,794	5,682	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	578,475	34,237,429	0.016896	5,471,303	92,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	503,134	32,930,691	0.015279	10,019,723	153,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	365,405	37,746,559	0.009680	14,849,411	143,742	73.00
74.00	07400	RENAL DIALYSIS	44,546	939,697	0.047405	628,730	29,805	74.00
76.00	03950	ENDOSCOPY	188,457	4,953,820	0.038043	629,530	23,949	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.05
76.06	03330	IMAGING CENTER	368,933	18,027,688	0.020465	30,146	617	76.06
76.97	07697	CARDIAC REHABILITATION	12,557	574,001	0.021876	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	25,426	1,512,410	0.016812	6,486	109	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	107,073	1,791,538	0.059766	0	0	90.04
91.00	09100	EMERGENCY	1,186,200	72,225,508	0.016424	7,374,006	121,111	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	237,662	9,422,248	0.025223	155,275	3,917	92.00
200.00		Total (lines 50-199)	9,624,987	499,246,202		95,456,725	1,803,633	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	0	0	0	0	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,182	0.00	8,599	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,429	0.00	3,861	0	31.00	
43.00	04300	NURSERY	0	0.00	0	0	43.00	
200.00		Total (lines 30-199)	36,611		12,460	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	106,338	0	106,338 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,571	0	149,571 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	342,916	0	342,916 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	598,825	0	598,825 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Title XVIII					Hospital	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS	
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,979,361	0.000000	0.000000	16,580,452	50.00
51.00	05100	RECOVERY ROOM	0	19,256,470	0.000000	0.000000	790,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,518,267	0.000000	0.000000	40,339	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,338	19,030,344	0.005588	0.005588	2,625,515	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,607,106	0.000000	0.000000	1,839,828	55.00
57.00	05700	CT SCAN	0	34,955,143	0.000000	0.000000	4,256,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,533,900	0.000000	0.000000	753,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,214,636	0.000000	0.000000	5,892,445	59.00
60.00	06000	LABORATORY	0	50,396,585	0.000000	0.000000	13,123,370	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,346,245	0.000000	0.000000	4,107,165	65.00
66.00	06600	PHYSICAL THERAPY	0	5,955,000	0.000000	0.000000	1,402,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,255,851	0.000000	0.000000	826,932	67.00
68.00	06800	SPEECH PATHOLOGY	0	940,860	0.000000	0.000000	194,309	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,109,826	0.000000	0.000000	3,778,196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,785,019	0.000000	0.000000	79,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,237,429	0.000000	0.000000	5,471,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,930,691	0.000000	0.000000	10,019,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,571	37,746,559	0.003963	0.003963	14,849,411	73.00
74.00	07400	RENAL DIALYSIS	0	939,697	0.000000	0.000000	628,730	74.00
76.00	03950	ENDOSCOPY	0	4,953,820	0.000000	0.000000	629,530	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.05
76.06	03330	IMAGING CENTER	0	18,027,688	0.000000	0.000000	30,146	76.06
76.97	07697	CARDIAC REHABILITATION	0	574,001	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,512,410	0.000000	0.000000	6,486	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPINE CENTER	0	1,791,538	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	342,916	72,225,508	0.004748	0.004748	7,374,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,422,248	0.000000	0.000000	155,275	92.00
200.00		Total (lines 50-199)	598,825	499,246,202			95,456,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	4,905,983	0		50.00
51.00	05100 RECOVERY ROOM	0	526,143	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,671	2,702,092	15,099		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,423,256	0		55.00
57.00	05700 CT SCAN	0	5,589,907	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,469,390	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,561,350	0		59.00
60.00	06000 LABORATORY	0	931,803	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	181,475	0		65.00
66.00	06600 PHYSICAL THERAPY	0	407	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,077,895	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	372,067	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,488,980	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,815,112	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,848	3,791,529	15,026		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	1,712,397	0		76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.05
76.06	03330 IMAGING CENTER	0	2,627,986	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	556,400	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	418,398	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	43	0		90.04
91.00	09100 EMERGENCY	35,012	8,657,551	41,106		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,712,609	0		92.00
200.00	Total (lines 50-199)	108,531	61,522,773	71,231		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.190274	4,905,983	0	0	933,481	50.00
51.00	05100 RECOVERY ROOM	0.237209	526,143	0	0	124,806	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.295389	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226738	2,702,092	0	0	612,667	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.095748	5,423,256	0	0	519,266	55.00
57.00	05700 CT SCAN	0.060883	5,589,907	0	0	340,330	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.115441	1,469,390	0	0	169,628	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070219	9,561,350	0	0	671,388	59.00
60.00	06000 LABORATORY	0.102742	931,803	0	0	95,735	60.00
65.00	06500 RESPIRATORY THERAPY	0.302051	181,475	0	0	54,815	65.00
66.00	06600 PHYSICAL THERAPY	0.456539	407	0	0	186	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385924	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.129832	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087255	5,077,895	0	0	443,072	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.476008	372,067	0	0	177,107	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641	1,488,980	0	0	376,177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.436499	3,815,112	0	0	1,665,293	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.239369	3,791,529	0	149,051	907,575	73.00
74.00	07400 RENAL DIALYSIS	0.470367	0	0	0	0	74.00
76.00	03950 ENDOSCOPY	0.229637	1,712,397	0	0	393,230	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.05
76.06	03330 IMAGING CENTER	0.175374	2,627,986	0	0	460,880	76.06
76.97	07697 CARDIAC REHABILITATION	0.477086	556,400	0	0	265,451	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0.482540	418,398	0	0	201,894	90.02
90.03	04952 PALLIATIVE CARE	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.771386	43	0	0	33	90.04
91.00	09100 EMERGENCY	0.138518	8,657,551	0	0	1,199,227	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207424	1,712,609	0	0	355,236	92.00
200.00	Subtotal (see instructions)		61,522,773	0	149,051	9,967,477	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		61,522,773	0	149,051	9,967,477	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,678	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03950 ENDOSCOPY	0	0	76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.05
76.06	03330 IMAGING CENTER	0	0	76.06
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	90.02
90.03	04952 PALLIATIVE CARE	0	0	90.03
90.04	04953 SPINE CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	35,678	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	35,678	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 12:51 pm
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,363,458	0	3,363,458	29,182	115.26	30.00
31.00	INTENSIVE CARE UNIT	1,438,533		1,438,533	7,429	193.64	31.00
43.00	NURSERY	472,341		472,341	0	0.00	43.00
200.00	Total (Lines 30-199)	5,274,332		5,274,332	36,611		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				

30.00	ADULTS & PEDIATRICS	2,132	245,734	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	2,132	245,734	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,348,399	52,979,361	0.044327	1,198,022	53,105	50.00
51.00	05100	RECOVERY ROOM	421,219	19,256,470	0.021874	552,509	12,086	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	416,645	10,518,267	0.039612	2,643,283	104,706	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,721	19,030,344	0.038818	425,905	16,533	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	152,449	12,607,106	0.012092	223,731	2,705	55.00
57.00	05700	CT SCAN	219,346	34,955,143	0.006275	577,935	3,627	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	300,033	8,533,900	0.035158	111,841	3,932	58.00
59.00	05900	CARDIAC CATHETERIZATION	397,798	35,214,636	0.011296	672,741	7,599	59.00
60.00	06000	LABORATORY	301,891	50,396,585	0.005990	2,522,159	15,108	60.00
65.00	06500	RESPIRATORY THERAPY	181,561	10,346,245	0.017548	1,064,543	18,681	65.00
66.00	06600	PHYSICAL THERAPY	195,692	5,955,000	0.032862	125,684	4,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,491	2,255,851	0.020609	69,748	1,437	67.00
68.00	06800	SPEECH PATHOLOGY	6,571	940,860	0.006984	17,141	120	68.00
69.00	06900	ELECTROCARDIOLOGY	81,976	19,109,826	0.004290	293,150	1,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,327	2,785,019	0.071212	13,454	958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	578,475	34,237,429	0.016896	2,817,203	47,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	503,134	32,930,691	0.015279	994,465	15,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	365,405	37,746,559	0.009680	2,871,609	27,797	73.00
74.00	07400	RENAL DIALYSIS	44,546	939,697	0.047405	26,850	1,273	74.00
76.00	03950	ENDOSCOPY	188,457	4,953,820	0.038043	69,842	2,657	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.05
76.06	03330	IMAGING CENTER	368,933	18,027,688	0.020465	3,994	82	76.06
76.97	07697	CARDIAC REHABILITATION	12,557	574,001	0.021876	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	25,426	1,512,410	0.016812	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0	0	90.03
90.04	04953	SPINE CENTER	107,073	1,791,538	0.059766	0	0	90.04
91.00	09100	EMERGENCY	1,186,200	72,225,508	0.016424	1,361,736	22,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	237,662	9,422,248	0.025223	56,080	1,415	92.00
200.00		Total (lines 50-199)	9,624,987	499,246,202		18,713,625	364,367	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,182	0.00	2,132	0		30.00
31.00	03100	INTENSIVE CARE UNIT	7,429	0.00	0	0		31.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	36,611		2,132	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Title XIX				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	106,338	0	106,338	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
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 PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	149,571	0	149,571	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03950	ENDOSCOPY	0	0	0	0	0	0	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.05
76.06	03330	IMAGING CENTER	0	0	0	0	0	0	76.06
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	0	0	0	0	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	342,916	0	342,916	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	598,825	0	598,825	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:51 pm
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Cost Center Description		Title XIX				Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	52,979,361	0.000000	0.000000	1,198,022	50.00
51.00	05100	RECOVERY ROOM	0	19,256,470	0.000000	0.000000	552,509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,518,267	0.000000	0.000000	2,643,283	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106,338	19,030,344	0.005588	0.005588	425,905	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,607,106	0.000000	0.000000	223,731	55.00
57.00	05700	CT SCAN	0	34,955,143	0.000000	0.000000	577,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,533,900	0.000000	0.000000	111,841	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,214,636	0.000000	0.000000	672,741	59.00
60.00	06000	LABORATORY	0	50,396,585	0.000000	0.000000	2,522,159	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,346,245	0.000000	0.000000	1,064,543	65.00
66.00	06600	PHYSICAL THERAPY	0	5,955,000	0.000000	0.000000	125,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,255,851	0.000000	0.000000	69,748	67.00
68.00	06800	SPEECH PATHOLOGY	0	940,860	0.000000	0.000000	17,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,109,826	0.000000	0.000000	293,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,785,019	0.000000	0.000000	13,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,237,429	0.000000	0.000000	2,817,203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,930,691	0.000000	0.000000	994,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,571	37,746,559	0.003963	0.003963	2,871,609	73.00
74.00	07400	RENAL DIALYSIS	0	939,697	0.000000	0.000000	26,850	74.00
76.00	03950	ENDOSCOPY	0	4,953,820	0.000000	0.000000	69,842	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.05
76.06	03330	IMAGING CENTER	0	18,027,688	0.000000	0.000000	3,994	76.06
76.97	07697	CARDIAC REHABILITATION	0	574,001	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	1,512,410	0.000000	0.000000	0	90.02
90.03	04952	PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.03
90.04	04953	SPINE CENTER	0	1,791,538	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	342,916	72,225,508	0.004748	0.004748	1,361,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,422,248	0.000000	0.000000	56,080	92.00
200.00		Total (lines 50-199)	598,825	499,246,202			18,713,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150128

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 12:51 pm

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)	Title XIX	
					Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
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
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,380	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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
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 PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,380	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 ENDOSCOPY	0	0	0		76.00
76.01	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.01
76.02	03952 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.02
76.03	03953 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.03
76.04	03954 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.04
76.05	03955 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.05
76.06	03330 IMAGING CENTER	0	0	0		76.06
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 ANTI-COAGULATION CLINIC	0	0	0		90.02
90.03	04952 PALLIATIVE CARE	0	0	0		90.03
90.04	04953 SPINE CENTER	0	0	0		90.04
91.00	09100 EMERGENCY	6,466	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	20,226	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:51 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.190274	0	0	817,043	0
51.00 05100 RECOVERY ROOM	0.237209	0	0	346,756	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.295389	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.226738	0	0	1,973,670	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.095748	0	0	429,082	0
57.00 05700 CT SCAN	0.060883	0	0	2,648,200	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.115441	0	0	393,759	0
59.00 05900 CARDIAC CATHETERIZATION	0.070219	0	0	766,503	0
60.00 06000 LABORATORY	0.102742	0	0	2,993,478	0
65.00 06500 RESPIRATORY THERAPY	0.302051	0	0	105,717	0
66.00 06600 PHYSICAL THERAPY	0.456539	0	0	354,620	0
67.00 06700 OCCUPATIONAL THERAPY	0.385924	0	0	97,587	0
68.00 06800 SPEECH PATHOLOGY	0.129832	0	0	123,019	0
69.00 06900 ELECTROCARDIOLOGY	0.087255	0	0	463,074	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.476008	0	0	124,775	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641	0	0	951,661	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.436499	0	0	135,759	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.239369	0	0	927,648	0
74.00 07400 RENAL DIALYSIS	0.470367	0	0	0	0
76.00 03950 ENDOSCOPY	0.229637	0	0	143,971	0
76.01 03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.02 03952 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.03 03953 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.04 03954 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.05 03955 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.06 03330 IMAGING CENTER	0.175374	0	0	712,495	0
76.97 07697 CARDIAC REHABILITATION	0.477086	0	0	13,026	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02 04951 ANTI-COAGULATION CLINIC	0.482540	0	0	36,336	0
90.03 04952 PALLIATIVE CARE	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	0.771386	0	0	0	0
91.00 09100 EMERGENCY	0.138518	0	0	10,228,043	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.207424	0	0	1,854,237	0
200.00	Subtotal (see instructions)	0	0	26,640,459	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	26,640,459	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:51 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	155,462	50.00
51.00	05100	RECOVERY ROOM	0	82,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	447,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	41,084	55.00
57.00	05700	CT SCAN	0	161,230	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	45,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,823	59.00
60.00	06000	LABORATORY	0	307,556	60.00
65.00	06500	RESPIRATORY THERAPY	0	31,932	65.00
66.00	06600	PHYSICAL THERAPY	0	161,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,661	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,972	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,406	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	240,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	222,050	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	ENDOSCOPY	0	33,061	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.05
76.06	03330	IMAGING CENTER	0	124,953	76.06
76.97	07697	CARDIAC REHABILITATION	0	6,215	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0	17,534	90.02
90.03	04952	PALLIATIVE CARE	0	0	90.03
90.04	04953	SPINE CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	1,416,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	384,613	92.00
200.00		Subtotal (see instructions)	0	4,146,516	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	4,146,516	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,182	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,182	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)		27,120	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)		8,599	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,659,325	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)		27,659,325	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,659,325	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		947.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,150,304	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)		8,150,304	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	11,570,005	7,429	1,557.41	3,861	6,013,160		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)					19,650,925		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,814,389		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,738,765		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,912,164		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,650,929		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,163,460		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,062		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					947.82		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,954,405		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,363,458	27,659,325	0.121603	1,954,405	237,662	90.00
91.00	Nursing School cost	0	27,659,325	0.000000	1,954,405	0	91.00
92.00	Allied health cost	0	27,659,325	0.000000	1,954,405	0	92.00
93.00	All other Medical Education	0	27,659,325	0.000000	1,954,405	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 12:51 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,182	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,182	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)		27,120	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,132	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,659,325	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)		27,659,325	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,659,325	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		947.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,020,752	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)		2,020,752	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150128		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,546,624	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	11,570,005	7,429	1,557.41	0	0	
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,116,712	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,137,464	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)					245,734	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					384,593	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					630,327	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,507,137	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,062	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					947.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,954,405	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150128

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

Worksheet D-1
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Title XIX Hospital PPS		
				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	3,363,458	27,659,325	0.121603	1,954,405	237,662	90.00
91.00 Nursing School cost	0	27,659,325	0.000000	1,954,405	0	91.00
92.00 Allied health cost	0	27,659,325	0.000000	1,954,405	0	92.00
93.00 All other Medical Education	0	27,659,325	0.000000	1,954,405	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,385,052	30.00
31.00	03100	INTENSIVE CARE UNIT		8,937,841	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.190536	16,580,452	50.00
51.00	05100	RECOVERY ROOM	0.237209	790,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295389	40,339	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226738	2,625,515	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095748	1,839,828	55.00
57.00	05700	CT SCAN	0.060883	4,256,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.115441	753,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070219	5,892,445	59.00
60.00	06000	LABORATORY	0.102742	13,123,370	60.00
65.00	06500	RESPIRATORY THERAPY	0.302051	4,107,165	65.00
66.00	06600	PHYSICAL THERAPY	0.456539	1,402,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385924	826,932	67.00
68.00	06800	SPEECH PATHOLOGY	0.129832	194,309	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087255	3,778,196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476560	79,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641	5,471,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.436499	10,019,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239369	14,849,411	73.00
74.00	07400	RENAL DIALYSIS	0.470367	628,730	74.00
76.00	03950	ENDOSCOPY	0.229637	629,530	76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.05
76.06	03330	IMAGING CENTER	0.175374	30,146	76.06
76.97	07697	CARDIAC REHABILITATION	0.477086	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	ANTI-COAGULATION CLINIC	0.482540	6,486	90.02
90.03	04952	PALLIATIVE CARE	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.771386	0	90.04
91.00	09100	EMERGENCY	0.139435	7,374,006	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207424	155,275	92.00
200.00		Total (sum of lines 50-94 and 96-98)		95,456,725	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)		95,456,725	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 12:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,271,839	30.00
31.00	03100	INTENSIVE CARE UNIT		1,429,017	31.00
43.00	04300	NURSERY		1,053,571	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.190536	1,198,022	228,266 50.00
51.00	05100	RECOVERY ROOM	0.237209	552,509	131,060 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295389	2,643,283	780,797 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226738	425,905	96,569 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.095748	223,731	21,422 55.00
57.00	05700	CT SCAN	0.060883	577,935	35,186 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.115441	111,841	12,911 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070219	672,741	47,239 59.00
60.00	06000	LABORATORY	0.102742	2,522,159	259,132 60.00
65.00	06500	RESPIRATORY THERAPY	0.302051	1,064,543	321,546 65.00
66.00	06600	PHYSICAL THERAPY	0.456539	125,684	57,380 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385924	69,748	26,917 67.00
68.00	06800	SPEECH PATHOLOGY	0.129832	17,141	2,225 68.00
69.00	06900	ELECTROCARDIOLOGY	0.087255	293,150	25,579 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.476560	13,454	6,412 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.252641	2,817,203	711,741 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.436499	994,465	434,083 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239369	2,871,609	687,374 73.00
74.00	07400	RENAL DIALYSIS	0.470367	26,850	12,629 74.00
76.00	03950	ENDOSCOPY	0.229637	69,842	16,038 76.00
76.01	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.01
76.02	03952	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.02
76.03	03953	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.03
76.04	03954	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.04
76.05	03955	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.05
76.06	03330	IMAGING CENTER	0.175374	3,994	700 76.06
76.97	07697	CARDIAC REHABILITATION	0.477086	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	0 90.01
90.02	04951	ANTI-COAGULATION CLINIC	0.482540	0	0 90.02
90.03	04952	PALLIATIVE CARE	0.000000	0	0 90.03
90.04	04953	SPINE CENTER	0.771386	0	0 90.04
91.00	09100	EMERGENCY	0.139435	1,361,736	189,874 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.207424	56,080	11,632 92.00
200.00		Total (sum of lines 50-94 and 96-98)		18,713,625	4,116,712 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		18,713,625	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		18,675,129	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,273,171	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)		515,932	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		7,671,421	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.39	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.99	31.00
32.00	Sum of lines 30 and 31		19.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.35	33.00
34.00	Disproportionate share adjustment (see instructions)		1,083,023	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:51 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000132035	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,194,439	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			301,064	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		301,064		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			26,848,319	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)			26,848,319	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			2,164,112	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).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			16,543	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			108,531	58.00
59.00	Total (sum of amounts on lines 49 through 58)			29,137,505	59.00
60.00	Primary payer payments			31,205	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			29,106,300	61.00
62.00	Deductibles billed to program beneficiaries			2,595,392	62.00
63.00	Coinurance billed to program beneficiaries			58,016	63.00
64.00	Allowable bad debts (see instructions)			189,352	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			123,079	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			127,148	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			26,575,971	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 PSR ADJUSTMENTS			-7,761	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-22,410	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-92,357	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12: 51 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		26,453,443		71.00
71.01	Sequestration adjustment (see instructions)		399,447		71.01
72.00	Interim payments		25,483,127		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		570,869		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,919,076		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		35,678	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,896,246	2.00
3.00	PPS payments		10,517,142	3.00
4.00	Outlier payment (see instructions)		104,313	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		71,231	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,678	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		149,051	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)		149,051	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		149,051	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		113,373	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)		35,678	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)		10,692,686	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,185,719	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)		8,542,645	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,542,645	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8,542,645	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		350,309	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		227,701	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		303,390	36.00
37.00	Subtotal (see instructions)		8,770,346	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,770,346	40.00
40.01	Sequestration adjustment (see instructions)		132,432	40.01
41.00	Interim payments		8,519,364	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		118,550	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150128

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 12:51 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,483,127		8,519,364	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)		25,483,127		8,519,364	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		570,869		118,550	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,053,996		8,637,914	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: 150128

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2014 12:51 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			7,178 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			12,460 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,791 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			34,549 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			564,258,216 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			7,289,546 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)			1,145,673 8.00
9.00	Sequestration adjustment amount (see instructions)			22,913 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,122,760 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,524,875 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)			-402,115 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 12:51 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			4,146,516	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4,146,516	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	4,146,516	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		18,713,625	26,640,459	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		18,713,625	26,640,459	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		18,713,625	26,640,459	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		18,713,625	22,493,943	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	4,146,516	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		6,437,771	2,342,060	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		20,226	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		6,457,997	2,342,060	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		6,457,997	6,488,576	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6,457,997	6,488,576	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,457,997	6,488,576	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		6,457,997	6,488,576	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,457,997	6,488,576	40.00
41.00	Interim payments		6,437,771	2,342,060	41.00
42.00	Balance due provider/program (line 40 minus 41)		20,226	4,146,516	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

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

Provider CCN: 150128

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

Worksheet G

Date/Time Prepared:
5/27/2014 12:51 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,675	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	110,317,827	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-87,159,160	0	0	0	6.00
7.00	Inventory	2,646,391	0	0	0	7.00
8.00	Prepaid expenses	0	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)	25,807,733	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,000	0	0	0	12.00
13.00	Land improvements	2,645,221	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	163,143,666	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,705,707	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	880,245	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	60,682,433	0	0	0	23.00
24.00	Accumulated depreciation	-100,034,696	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	129,519,576	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	108,460,280	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	108,460,280	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	263,787,589	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	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	117,968	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	117,968	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,616,294	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,616,294	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,734,262	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	259,053,327	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	259,053,327	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	263,787,589	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150128

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 12:51 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		224,607,677		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		34,445,650			2.00
3.00	Total (sum of line 1 and line 2)		259,053,327		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		259,053,327		0	11.00
12.00	Deductions (debit adjustments) (specify)	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)		259,053,327		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			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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150128

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 12:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	57,010,728		57,010,728	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	57,010,728		57,010,728	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,690,336		18,690,336	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)	18,690,336		18,690,336	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	75,701,064		75,701,064	17.00
18.00	Ancillary services	228,144,480	273,957,968	502,102,448	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	303,845,544	273,957,968	577,803,512	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		165,630,301		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		165,630,301		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150128

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 12:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	577,803,512	1.00
2.00	Less contractual allowances and discounts on patients' accounts	383,677,851	2.00
3.00	Net patient revenues (line 1 minus line 2)	194,125,661	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	165,630,301	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,495,360	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-37,834	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	30,644	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	8,224	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	52,253	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 (SPECIFY)	5,897,003	24.00
25.00	Total other income (sum of lines 6-24)	5,950,290	25.00
26.00	Total (line 5 plus line 25)	34,445,650	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	34,445,650	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet I-5 Date/Time Prepared: 5/27/2014 12:51 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150128	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 12:51 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,984,447	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		100,287	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)		95.89	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.99	8.00
9.00	Sum of lines 7 and 8		19.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		79,378	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,164,112	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00