

Health Financial Systems DEARBORN COUNTY HOSPITAL In Lieu of Form CMS-2552-10
 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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 150086 Period: From 01/01/2013 To 12/31/2013
 AND SETTLEMENT SUMMARY Worksheet 5 Parts I-III Date/Time Prepared: 5/22/2014 2:03 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/22/2014 Time: 2:03 pm
 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 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 DEARBORN COUNTY HOSPITAL (150086) 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: 5/22/2014 Time: 2:03 pm
 yDzzainv9I041zp1Xku4LVKeKomv90
 pu7fg0X2fEiHLVWFCncapPPTEKE4H:
 hSgr1:c2ZD00ku27
 PT: Date: 5/22/2014 Time: 2:03 pm
 7RSVSPNBKsbb9.zLXZ.004.1GOZhiO
 .SDHq0JApt07T2wsxHV290h9sshXzC
 56UE0Huiaz0a:Ids

(Signed)

R. J. [Signature]
 Officer or Administrator of Provider(s)

Title

Pres/CEO

Date

5-27-14

	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	-20,094	-38,791	85,033	-215,955	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
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-20,094	-38,791	85,033	-215,955	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: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/22/2014 1:36 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 WILSON CREEK ROAD		PO Box:						1.00			
2.00	City: LAWRENCEBURG		State: IN		Zip Code: 47025-		County: DEARBORN		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		DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA		HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice		HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				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)					9					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.					1,266	460	286	0	1,085	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.					0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/22/2014 1:36 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
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/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

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/22/2014 1:36 pm																																																																																																																																																																				
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(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)</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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. 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Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td></td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	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		71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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. 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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
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		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	277,911	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		
119.00	DO NOT USE THIS LINE					
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
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		
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		
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/22/2014 1:36 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0				168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75				169.00	
				Begining 1.00	Ending 2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/22/2014 1:36 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)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/13/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150086

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

Worksheet S-2
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			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.	KYLE		SMITH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMITH@BLUEANDCO.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)	05/13/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	70	25,550	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)		70	25,550	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		78	28,470	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		78				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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2014 1:36 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)	6,958	1,266	13,818			1.00
2.00 HMO and other (see instructions)	1,814	1,764				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,958	1,266	13,818			7.00
8.00 INTENSIVE CARE UNIT	1,143	0	2,119			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	772			13.00
14.00 Total (see instructions)	8,101	1,266	16,709	0.00	605.53	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	5,225	921	9,517	0.00	18.26	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	3,136	515	4,716	0.00	4.36	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	628.15	27.00
28.00 Observation Bed Days		302	1,430			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	67	107			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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,733	270	4,129	1.00
2.00 HMO and other (see instructions)				382			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,733	270		4,129	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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
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: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2014 1:36 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	32,377,904	0	32,377,904	1,299,510.00	24.92
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		1,233,456	0	1,233,456	13,793.00	89.43
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)		1,605,425	6,335	1,611,760	63,582.00	25.35
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		288,832	0	288,832	5,022.00	57.51
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		175,000	0	175,000	653.00	267.99
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)		10,984,913	0	10,984,913		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		565,115	0	565,115		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		219,676	0	219,676		
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	402,339	0	402,339	12,529.00	32.11
27.00	Administrative & General	5.00	3,862,685	0	3,862,685	155,199.00	24.89
28.00	Administrative & General under contract (see inst.)		244,236	0	244,236	1,345.00	181.59
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	971,273	-6,335	964,938	39,290.00	24.56
31.00	Laundry & Linen Service	8.00	156,821	0	156,821	12,378.00	12.67
32.00	Housekeeping	9.00	743,483	0	743,483	65,416.00	11.37
33.00	Housekeeping under contract (see instructions)		89,700	0	89,700	2,080.00	43.13
34.00	Dietary	10.00	997,107	-728,387	268,720	18,702.00	14.37
35.00	Dietary under contract (see instructions)		264,313	0	264,313	4,160.00	63.54
36.00	Cafeteria	11.00	0	728,387	728,387	50,925.00	14.30
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	872,211	0	872,211	22,749.00	38.34
39.00	Central Services and Supply	14.00	285,051	0	285,051	17,400.00	16.38
40.00	Pharmacy	15.00	1,522,742	0	1,522,742	43,228.00	35.23
41.00	Medical Records & Medical Records Library	16.00	837,885	0	837,885	41,776.00	20.06

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	266,898	0	266,898	9,279.00	28.76	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2014 1:36 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	31,742,697	0	31,742,697	1,293,302.00	24.54	1.00
2.00	Excluded area salaries (see instructions)	1,605,425	6,335	1,611,760	63,582.00	25.35	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,137,272	-6,335	30,130,937	1,229,720.00	24.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	463,832	0	463,832	5,675.00	81.73	4.00
5.00	Subtotal wage-related costs (see inst.)	10,984,913	0	10,984,913	0.00	36.46	5.00
6.00	Total (sum of lines 3 thru 5)	41,586,017	-6,335	41,579,682	1,235,395.00	33.66	6.00
7.00	Total overhead cost (see instructions)	11,516,744	-6,335	11,510,409	496,456.00	23.19	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150086

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/22/2014 1:36 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,338,119	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,299,925	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	195,122	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	43,202	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)	113,854	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	239,342	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	1,851,025	17.00
18.00	Medicare Taxes - Employers Portion Only	447,603	18.00
19.00	Unemployment Insurance	31,040	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	210,472	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,769,704	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS	96,182	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150086

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

Worksheet S-3
Part V
Date/Time Prepared:
5/22/2014 1:36 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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150086 Component CCN: 157055		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/22/2014 1:36 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	DEARBORN				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	258.00	0.00	318.00	576.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		3.00	0.00	3.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			8.37	0.00	8.37	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.78	0.00	1.78	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.57	0.00	0.57	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	0.13	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.31	0.00	0.31	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.42	0.00	2.42	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	PERSONAL CARE ATTENDANT			1.68	0.00	1.68	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	17140					20.00
20.01		99915					20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,864	308	155	24	2,351	21.00
22.00	Skilled Nursing Visit Charges	359,512	61,216	26,091	4,616	451,435	22.00
23.00	Physical Therapy Visits	1,162	6	92	17	1,277	23.00
24.00	Physical Therapy Visit Charges	248,883	1,322	15,799	3,744	269,748	24.00
25.00	Occupational Therapy Visits	320	0	13	7	340	25.00
26.00	Occupational Therapy Visit Charges	71,581	0	2,643	1,322	75,546	26.00
27.00	Speech Pathology Visits	31	0	4	0	35	27.00
28.00	Speech Pathology Visit Charges	6,608	0	661	0	7,269	28.00
29.00	Medical Social Service Visits	22	1	1	0	24	29.00
30.00	Medical Social Service Visit Charges	6,595	300	300	0	7,195	30.00
31.00	Home Health Aide Visits	908	284	6	0	1,198	31.00
32.00	Home Health Aide Visit Charges	124,538	58,694	905	0	184,137	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,307	599	271	48	5,225	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	817,717	121,532	46,399	9,682	995,330	35.00
36.00	Total Number of Episodes (standard/non outlier)	299		89	4	392	36.00
37.00	Total Number of Outlier Episodes		10		1	11	37.00
38.00	Total Non-Routine Medical Supply Charges	15,502	3,758	3,545	34	22,839	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150086
Component CCN: 151531

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/22/2014 1:36 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	2,957	509	0	0	1,053	4,519	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	0	3.00
4.00	General Inpatient Care	179	6	0	0	12	197	4.00
5.00	Total Hospice Days	3,136	515	0	0	1,065	4,716	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	137	6	0	0	38	181	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	22.89	85.83	0.00	0.00	28.03	26.06	8.00
9.00	Unduplicated Census Count	126	5	0	0	37	168	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/22/2014 1:36 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)		0.357367	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,418,445	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,498,821	5.00	
6.00	Medicaid charges		21,231,242	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,587,345	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)		670,079	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)		670,079	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,765,179	0	1,765,179	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	630,817	0	630,817	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)	630,817	0	630,817	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,180,365	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		206,805	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		8,973,560	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,206,854	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,837,671	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,507,750	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/22/2014 1:36 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	NEW CAP REL COSTS-BLDG & FIXT		3,632,878	3,632,878	72,344	3,705,222	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,464,139	2,464,139	50,371	2,514,510	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	402,339	11,671,630	12,073,969	0	12,073,969	4.00
5.01	00510	NONPATIENT TELEPHONES	115,194	168,177	283,371	0	283,371	5.01
5.02	00511	DATA PROCESSING	668,634	773,488	1,442,122	0	1,442,122	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	235,707	50,478	286,185	-273	285,912	5.03
5.04	00513	ADMITTING	606,200	59,348	665,548	0	665,548	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	707,005	512,660	1,219,665	0	1,219,665	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,529,945	10,890,614	12,420,559	-131,779	12,288,780	5.06
7.00	00700	OPERATION OF PLANT	971,273	1,961,047	2,932,320	-37,807	2,894,513	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	156,821	122,884	279,705	0	279,705	8.00
9.00	00900	HOUSEKEEPING	743,483	255,763	999,246	11,308	1,010,554	9.00
10.00	01000	DIETARY	997,107	998,216	1,995,323	-1,457,596	537,727	10.00
11.00	01100	CAFETERIA	0	0	0	1,457,584	1,457,584	11.00
13.00	01300	NURSING ADMINISTRATION	872,211	26,568	898,779	-5	898,774	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	285,051	724,940	1,009,991	-601,070	408,921	14.00
15.00	01500	PHARMACY	1,522,742	144,019	1,666,761	-13,537	1,653,224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	837,885	129,516	967,401	-1,786	965,615	16.00
17.00	01700	SOCIAL SERVICE	266,898	5,687	272,585	0	272,585	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,692,006	1,069,645	6,761,651	-770,369	5,991,282	30.00
31.00	03100	INTENSIVE CARE UNIT	1,174,546	71,231	1,245,777	-74	1,245,703	31.00
43.00	04300	NURSERY	0	0	0	476,921	476,921	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,815,034	2,225,365	4,040,399	-1,617,910	2,422,489	50.00
51.00	05100	RECOVERY ROOM	790,190	35,757	825,947	-17,961	807,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	271,203	271,203	52.00
53.00	05300	ANESTHESIOLOGY	0	1,150,815	1,150,815	-39,868	1,110,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,342,888	1,049,305	3,392,193	-21,015	3,371,178	54.00
54.01	05401	ULTRASOUND	193,749	53,714	247,463	-7,521	239,942	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	389,233	344,281	733,514	-133,318	600,196	55.00
57.00	05700	CT SCAN	0	411,975	411,975	-86,002	325,973	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	321,330	321,330	-6,345	314,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,214,687	2,882,402	5,097,089	-1,304	5,095,785	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	785,878	120,116	905,994	-71,504	834,490	65.00
65.01	03950	SLEEP CLINIC	0	181,844	181,844	0	181,844	65.01
66.00	06600	PHYSICAL THERAPY	878,847	48,819	927,666	-8,405	919,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	215,697	16,755	232,452	-7,945	224,507	67.00
68.00	06800	SPEECH PATHOLOGY	176,113	3,402	179,515	-11	179,504	68.00
69.00	06900	ELECTROCARDIOLOGY	448,118	824,442	1,272,560	-964	1,271,596	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,728,128	2,728,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,852,239	2,852,239	0	2,852,239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,420,047	3,420,047	0	3,420,047	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,736,998	379,249	3,116,247	-6,746	3,109,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,089,430	166,907	1,256,337	-10,823	1,245,514	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	269,643	319,763	589,406	-52,610	536,796	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,131,552	52,541,455	84,673,007	-36,689	84,636,318	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,797	0	80,797	0	80,797	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	103,190	103,190	37,017	140,207	192.00
192.01	19201	PHYSICIAN CLINIC	76,262	36,102	112,364	-328	112,036	192.01
192.02	19202	LIFELINE	0	74,440	74,440	0	74,440	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	251,235	251,235	0	251,235	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	89,293	117,212	206,505	0	206,505	194.01
200.00		TOTAL (SUM OF LINES 118-199)	32,377,904	53,123,634	85,501,538	0	85,501,538	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-168,807	3,536,415	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-6,899	2,507,611	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-16,562	12,057,407	4.00
5.01	00510	NONPATIENT TELEPHONES	-10,438	272,933	5.01
5.02	00511	DATA PROCESSING	0	1,442,122	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	285,912	5.03
5.04	00513	ADMINISTRATIVE	0	665,548	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-18,454	1,201,211	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,075,652	2,213,128	5.06
7.00	00700	OPERATION OF PLANT	-88,036	2,806,477	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	279,705	8.00
9.00	00900	HOUSEKEEPING	0	1,010,554	9.00
10.00	01000	DIETARY	0	537,727	10.00
11.00	01100	CAFETERIA	-403,746	1,053,838	11.00
13.00	01300	NURSING ADMINISTRATION	0	898,774	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	408,921	14.00
15.00	01500	PHARMACY	0	1,653,224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-24,993	940,622	16.00
17.00	01700	SOCIAL SERVICE	0	272,585	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-396,428	5,594,854	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,245,703	31.00
43.00	04300	NURSERY	0	476,921	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-71,394	2,351,095	50.00
51.00	05100	RECOVERY ROOM	0	807,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	271,203	52.00
53.00	05300	ANESTHESIOLOGY	-1,078,100	32,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-182,474	3,188,704	54.00
54.01	05401	ULTRASOUND	0	239,942	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	600,196	55.00
57.00	05700	CT SCAN	-1,800	324,173	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	314,985	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-107,283	4,988,502	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-10,591	823,899	65.00
65.01	03950	SLEEP CLINIC	0	181,844	65.01
66.00	06600	PHYSICAL THERAPY	0	919,261	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	224,507	67.00
68.00	06800	SPEECH PATHOLOGY	0	179,504	68.00
69.00	06900	ELECTROCARDIOLOGY	-275,866	995,730	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,728,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,852,239	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-949,638	2,470,409	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,233,456	1,876,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,245,514	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-5,484	531,312	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,126,101	69,510,217	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	80,797	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140,207	192.00
192.01	19201	PHYSICIAN CLINIC	0	112,036	192.01
192.02	19202	LIFELINE	0	74,440	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
192.05	19205	HOSPITALIST	0	251,235	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	206,505	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-15,126,101	70,375,437	200.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/22/2014 1:36 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	728,387	729,197	1.00
	TOTALS		728,387	729,197	
B - NURSERY					
1.00	NURSERY	43.00	383,568	93,353	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	218,117	53,086	2.00
	TOTALS		601,685	146,439	
C - UTILIZATION REVIEW COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,786	1.00
	TOTALS		0	1,786	
D - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,335	17,322	1.00
	TOTALS		6,335	17,322	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,728,128	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	TOTALS		0	2,728,128	
F - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	11,382	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,573	2.00
	TOTALS		0	13,955	
G - INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	122,715	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,787	2.00
	TOTALS		0	133,502	
500.00	Grand Total: Increases		1,336,407	3,770,329	500.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/22/2014 1:36 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA						
1.00	DIETARY	10.00	728,387	729,197	0	1.00
	TOTALS		728,387	729,197		
B - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	601,685	146,439	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		601,685	146,439		
C - UTILIZATION REVIEW COST						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,786	0	1.00
	TOTALS		0	1,786		
D - SECURITY GUARD						
1.00	OPERATION OF PLANT	7.00	6,335	17,322	0	1.00
	TOTALS		6,335	17,322		
E - MED SUPPLY RECLASS						
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	273	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	63	0	2.00
3.00	OPERATION OF PLANT	7.00	0	195	0	3.00
4.00	HOUSEKEEPING	9.00	0	74	0	4.00
5.00	DIETARY	10.00	0	12	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	5	0	6.00
7.00	CENTRAL SERVICE & SUPPLY	14.00	0	601,070	0	7.00
8.00	PHARMACY	15.00	0	13,537	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	22,245	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	74	0	10.00
11.00	OPERATING ROOM	50.00	0	1,617,910	0	11.00
12.00	RECOVERY ROOM	51.00	0	17,961	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	39,868	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,015	0	14.00
15.00	ULTRASOUND	54.01	0	7,521	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	133,318	0	16.00
17.00	CT SCAN	57.00	0	86,002	0	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,345	0	18.00
19.00	LABORATORY	60.00	0	1,304	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	71,504	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	8,405	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	7,945	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	11	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	964	0	24.00
25.00	EMERGENCY	91.00	0	6,746	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	10,823	0	26.00
27.00	HOSPICE	116.00	0	52,610	0	27.00
28.00	PHYSICIAN CLINIC	192.01	0	328	0	28.00
	TOTALS		0	2,728,128		
F - POB HOUSEKEEPING						
1.00	OPERATION OF PLANT	7.00	0	13,955	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	13,955		
G - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	133,502	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	133,502		
500.00	Grand Total: Decreases		1,336,407	3,770,329		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0	0	0	1.00
2.00	Land Improvements	1,491,456	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	62,595,444	1,340,269	0	1,340,269	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	46,086,381	1,075,645	0	1,075,645	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	110,248,489	2,415,914	0	2,415,914	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	110,248,489	2,415,914	0	2,415,914	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0			1.00
2.00	Land Improvements	1,491,456	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	63,174,325	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	45,076,840	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	109,817,829	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	109,817,829	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2014 1:36 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	NEW CAP REL COSTS-BLDG & FIXT	3,086,978	12,272	533,628	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,076,493	387,646	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,163,471	399,918	533,628	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,632,878				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,464,139				2.00
3.00	Total (sum of lines 1-2)	0	6,097,017				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2014 1:36 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	NEW CAP REL COSTS-BLDG & FIXT	64,740,989	0	64,740,989	0.589531	72,344	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	45,076,840	0	45,076,840	0.410469	50,371	2.00
3.00	Total (sum of lines 1-2)	109,817,829	0	109,817,829	1.000000	122,715	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	72,344	2,945,714	12,272	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	50,371	2,069,594	387,646	2.00
3.00	Total (sum of lines 1-2)	0	0	122,715	5,015,308	399,918	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	506,085	72,344	0	0	3,536,415	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	50,371	0	0	2,507,611	2.00
3.00	Total (sum of lines 1-2)	506,085	122,715	0	0	6,044,026	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/22/2014 1:36 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-12,128	OTHER ADMINISTRATIVE AND GENERAL	5.06	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	-10,438	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-6,899	NEW 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	-3,310,665			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-403,746	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-949,638	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-24,993	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		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 - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 REV - FITNESS CENTER	B	-16,562	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
34.00 AMBULANCE BILLING OFFSET	B	-18,454	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 34.00
35.00 MISCELLANEOUS INCOME	B	-16,558	RADIOLOGY-DIAGNOSTIC	54.00	0 35.00
36.00 HEALTH SERV/WIC MANAGMNT FEE	B	-5,055	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00 RENT - LUDLOW HILL CLINIC	B	-9,479	OPERATION OF PLANT	7.00	0 37.00
38.00 REV - COMMUNITY EDUCATION PROGRAM	B	-26,600	ADULTS & PEDIATRICS	30.00	0 38.00
39.00 CLINIC INCOME	B	-3,569	ADULTS & PEDIATRICS	30.00	0 39.00
40.00 ADVERTISING	A	-114,857	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.00
41.00 AHA & IHA DUES	A	-6,502	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00
42.00 MISC. OFFSET	A	-75,894	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00
43.00 ADVERTISING STAFF	A	-11,064	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00 NON ALLOWABLE REPAIRS	A	-46,833	OPERATION OF PLANT	7.00	0 44.00
45.00 PHYSICIAN RECRUITMENT & HSC LOSS	A	-4,513,231	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.00
45.01 MENTAL HEALTH UTILITIES	A	-31,724	OPERATION OF PLANT	7.00	0 45.01
45.02 NON-ALLOWABLE DEPRECIATION	A	-141,264	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.02
45.03 NON ALLOWABLE INTEREST	A	-27,543	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.03
45.04 MISC. NONALLOWABLE	A	-5,484	HOSPICE	116.00	0 45.04
45.05 HAF OFFSET	A	-5,336,921	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,126,101			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2014 1:36 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	30.00	ADULTS & PEDIATRICS	366,259	366,259	0	0	0	1.00
2.00	50.00	OPERATING ROOM	71,394	71,394	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,078,100	1,078,100	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	165,916	165,916	0	0	0	4.00
5.00	57.00	CT SCAN	1,800	1,800	0	0	0	5.00
6.00	60.00	LABORATORY	175,000	0	175,000	215,700	653	6.00
7.00	65.00	RESPIRATORY THERAPY	10,591	10,591	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	275,866	275,866	0	0	0	8.00
9.00	91.00	EMERGENCY	1,233,456	1,233,456	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,378,382	3,203,382	175,000		653	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	67,717	3,386	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			67,717	3,386	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	366,259		1.00
2.00	50.00	OPERATING ROOM	0	0	0	71,394		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,078,100		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	165,916		4.00
5.00	57.00	CT SCAN	0	0	0	1,800		5.00
6.00	60.00	LABORATORY	0	67,717	107,283	107,283		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	10,591		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	275,866		8.00
9.00	91.00	EMERGENCY	0	0	0	1,233,456		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	67,717	107,283	3,310,665		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,536,415	3,536,415			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,507,611		2,507,611		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,057,407	19,715	14,150	12,091,272	4.00
5.01 00510	NONPATIENT TELEPHONES	272,933	3,718	2,669	43,560	5.01
5.02 00511	DATA PROCESSING	1,442,122	22,357	16,046	252,838	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	285,912	78,164	56,101	89,130	5.03
5.04 00513	ADMINISTRATIVE	665,548	42,256	30,329	229,229	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	1,201,211	42,293	30,355	267,348	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,213,128	128,737	92,399	578,535	5.06
7.00 00700	OPERATION OF PLANT	2,806,477	1,193,569	856,667	364,883	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	279,705	19,471	13,975	59,300	8.00
9.00 00900	HOUSEKEEPING	1,010,554	14,407	10,341	281,141	9.00
10.00 01000	DIETARY	537,727	48,921	35,113	101,614	10.00
11.00 01100	CAFETERIA	1,053,838	34,697	24,904	275,433	11.00
13.00 01300	NURSING ADMINISTRATION	898,774	7,338	5,267	329,819	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	408,921	68,343	49,052	107,789	14.00
15.00 01500	PHARMACY	1,653,224	14,285	10,253	575,811	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	940,622	58,791	42,197	316,839	16.00
17.00 01700	SOCIAL SERVICE	272,585	7,130	5,118	100,925	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,594,854	663,594	476,285	1,924,858	30.00
31.00 03100	INTENSIVE CARE UNIT	1,245,703	90,505	64,958	444,144	31.00
43.00 04300	NURSERY	476,921	4,892	3,511	145,043	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,351,095	315,372	226,353	686,339	50.00
51.00 05100	RECOVERY ROOM	807,986	14,224	10,209	298,803	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	271,203	6,164	4,424	82,479	52.00
53.00 05300	ANESTHESIOLOGY	32,847	196	140	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,188,704	141,028	101,221	885,942	54.00
54.01 05401	ULTRASOUND	239,942	7,583	5,442	73,264	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	600,196	14,126	10,139	147,185	55.00
57.00 05700	CT SCAN	324,173	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	314,985	9,821	7,049	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	4,988,502	82,188	58,989	837,464	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	823,899	14,236	10,218	297,173	65.00
65.01 03950	SLEEP CLINIC	181,844	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	919,261	92,510	66,398	332,328	66.00
67.00 06700	OCCUPATIONAL THERAPY	224,507	9,711	6,970	81,564	67.00
68.00 06800	SPEECH PATHOLOGY	179,504	5,186	3,722	66,596	68.00
69.00 06900	ELECTROCARDIOLOGY	995,730	58,229	41,793	169,452	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,728,128	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,852,239	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,470,409	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	1,876,045	118,439	85,008	1,034,971	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,245,514	37,731	27,081	411,958	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	531,312	3,853	2,765	101,963	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	69,510,217	3,493,780	2,507,611	11,995,720	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,797	29,842	0	30,553	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	140,207	0	0	2,396	192.00
192.01 19201	PHYSICIAN CLINIC	112,036	0	0	28,838	192.01
192.02 19202	LIFELINE	74,440	0	0	0	192.02
192.03 19203	CREDIT UNION	0	12,793	0	0	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	251,235	0	0	0	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	206,505	0	0	33,765	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	70,375,437	3,536,415	2,507,611	12,091,272	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	1,749,623				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	22,768	536,057			5.03
5.04	00513	ADMINISTRATIVE	50,790	1,918	1,029,693		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	98,077	1,245	0	1,655,130	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	98,077	1,495	0	0	3,123,985
7.00	00700	OPERATION OF PLANT	36,779	7,463	0	0	5,290,062
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,822	0	0	377,605
9.00	00900	HOUSEKEEPING	8,757	6,773	0	0	1,336,287
10.00	01000	DIETARY	50,790	6,443	0	0	787,577
11.00	01100	CAFETERIA	0	0	0	0	1,388,872
13.00	01300	NURSING ADMINISTRATION	33,276	714	0	0	1,280,166
14.00	01400	CENTRAL SERVICE & SUPPLY	33,276	40,487	0	0	711,518
15.00	01500	PHARMACY	52,541	4,122	0	0	2,320,191
16.00	01600	MEDICAL RECORDS & LIBRARY	94,574	1,105	0	0	1,482,666
17.00	01700	SOCIAL SERVICE	15,762	311	0	0	405,481
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	332,761	14,369	827,731	120,280	9,996,543
31.00	03100	INTENSIVE CARE UNIT	49,038	1,700	103,466	25,872	2,031,027
43.00	04300	NURSERY	0	0	98,496	4,823	733,686
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113,839	111,038	0	190,458	4,017,059
51.00	05100	RECOVERY ROOM	0	1,909	0	23,123	1,160,236
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,183	379,453
53.00	05300	ANESTHESIOLOGY	0	2,745	0	12,890	49,482
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,580	22,111	0	163,893	4,626,049
54.01	05401	ULTRASOUND	0	1,709	0	32,398	361,002
55.00	05500	RADIOLOGY-THERAPEUTIC	26,271	14,689	0	48,415	863,344
57.00	05700	CT SCAN	0	9,326	0	159,763	493,262
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,081	0	81,394	416,330
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	124,348	83,084	0	312,175	6,500,024
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	56,044	3,871	0	61,078	1,268,842
65.01	03950	SLEEP CLINIC	0	172	0	0	182,016
66.00	06600	PHYSICAL THERAPY	38,530	1,651	0	40,141	1,496,792
67.00	06700	OCCUPATIONAL THERAPY	0	712	0	6,095	332,877
68.00	06800	SPEECH PATHOLOGY	0	90	0	4,423	259,853
69.00	06900	ELECTROCARDIOLOGY	0	1,981	0	58,526	1,336,662
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,255	2,777,383
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	173,523	0	25,248	3,051,010
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	108,879	2,579,288
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	64,801	4,245	0	88,136	3,280,937
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	87,569	2,458	0	14,866	1,829,168
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	3,560	0	7,816	651,269
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,590,248	534,922	1,029,693	1,655,130	69,178,004
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	142,851
192.00	19200	PHYSICIANS' PRIVATE OFFICES	134,856	420	0	0	301,440
192.01	19201	PHYSICIAN CLINIC	17,514	240	0	0	162,610
192.02	19202	LIFELINE	0	10	0	0	74,450
192.03	19203	CREDIT UNION	0	0	0	0	16,111
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
192.05	19205	HOSPITALIST	7,005	57	0	0	258,297
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	0	408	0	0	241,674
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,749,623	536,057	1,029,693	1,655,130	70,375,437

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B Part I Date/Time Prepared: 5/22/2014 1:36 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,123,985					5.06
7.00	00700	OPERATION OF PLANT	245,734	5,535,796				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,541	53,742	448,888			8.00
9.00	00900	HOUSEKEEPING	62,073	39,767	50,012	1,488,139		9.00
10.00	01000	DIETARY	36,585	135,031	16,422	36,923	1,012,538	10.00
11.00	01100	CAFETERIA	64,516	95,771	0	26,188	0	11.00
13.00	01300	NURSING ADMINISTRATION	59,466	20,255	0	5,538	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	33,051	188,638	1,854	51,581	0	14.00
15.00	01500	PHARMACY	107,778	39,429	0	10,781	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	68,873	162,273	0	44,372	0	16.00
17.00	01700	SOCIAL SERVICE	18,835	19,681	0	5,382	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	464,381	1,831,626	164,982	500,843	806,136	30.00
31.00	03100	INTENSIVE CARE UNIT	94,345	249,807	26,092	68,307	66,121	31.00
43.00	04300	NURSERY	34,081	13,503	0	3,692	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186,600	870,477	30,749	238,023	0	50.00
51.00	05100	RECOVERY ROOM	53,895	39,260	21,908	10,735	608	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,626	17,014	0	4,652	0	52.00
53.00	05300	ANESTHESIOLOGY	2,299	540	0	148	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	214,889	389,260	22,681	106,439	0	54.00
54.01	05401	ULTRASOUND	16,769	20,930	7,877	5,723	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,104	38,990	3,808	10,661	0	55.00
57.00	05700	CT SCAN	22,913	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,339	27,107	0	7,412	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	301,939	226,852	70	62,030	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	58,940	39,294	6,432	10,745	0	65.00
65.01	03950	SLEEP CLINIC	8,455	0	1,380	0	0	65.01
66.00	06600	PHYSICAL THERAPY	69,529	255,344	6,614	69,821	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,463	26,804	438	7,329	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,071	14,313	0	3,914	0	68.00
69.00	06900	ELECTROCARDIOLOGY	62,091	160,721	1,797	43,947	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,015	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	141,726	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,813	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	152,406	326,910	77,294	89,390	10,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	84,969	104,143	0	28,477	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	30,253	10,634	0	2,908	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,068,363	5,418,116	440,410	1,455,961	883,083	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,636	82,369	0	22,523	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,002	0	328	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	7,554	0	0	0	0	192.01
192.02	19202	LIFELINE	3,458	0	0	0	0	192.02
192.03	19203	CREDIT UNION	748	35,311	0	9,655	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	11,998	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	8,150	0	129,455	194.00
194.01	07951	MARKETING	11,226	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,123,985	5,535,796	448,888	1,488,139	1,012,538	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,575,347					11.00
13.00	01300	NURSING ADMINISTRATION	39,696	1,405,121				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	30,362	52,910	1,069,914			14.00
15.00	01500	PHARMACY	75,571	0	0	2,553,750		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	73,136	0	0	0	1,831,320	16.00
17.00	01700	SOCIAL SERVICE	16,191	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	374,509	652,643	0	0	134,930	30.00
31.00	03100	INTENSIVE CARE UNIT	72,546	126,422	0	0	29,023	31.00
43.00	04300	NURSERY	23,808	41,489	0	0	5,411	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,126	195,397	0	0	213,657	50.00
51.00	05100	RECOVERY ROOM	44,112	76,872	0	0	25,939	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,539	23,594	0	0	17,033	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	14,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,091	0	0	0	183,855	54.00
54.01	05401	ULTRASOUND	11,602	0	0	0	36,344	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,877	0	0	0	54,312	55.00
57.00	05700	CT SCAN	0	0	0	0	179,223	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	91,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	187,910	0	0	0	350,232	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	51,331	0	0	0	68,518	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	53,814	0	0	0	45,031	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,229	0	0	0	6,837	67.00
68.00	06800	SPEECH PATHOLOGY	7,688	0	0	0	4,962	68.00
69.00	06900	ELECTROCARDIOLOGY	33,035	0	0	0	65,655	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,069,914	0	55,255	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	28,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,553,750	122,141	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	135,308	235,794	0	0	98,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,546,481	1,405,121	1,069,914	2,553,750	1,831,320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,443	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	400	0	0	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	9,903	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	5,120	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,575,347	1,405,121	1,069,914	2,553,750	1,831,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	465,570				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	427,421	15,354,014	0	15,354,014	30.00
31.00	03100	INTENSIVE CARE UNIT	14,260	2,777,950	0	2,777,950	31.00
43.00	04300	NURSERY	0	855,670	0	855,670	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,852	5,880,940	0	5,880,940	50.00
51.00	05100	RECOVERY ROOM	2,037	1,435,602	0	1,435,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	472,911	0	472,911	52.00
53.00	05300	ANESTHESIOLOGY	0	66,929	0	66,929	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,703,264	0	5,703,264	54.00
54.01	05401	ULTRASOUND	0	460,247	0	460,247	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,031,096	0	1,031,096	55.00
57.00	05700	CT SCAN	0	695,398	0	695,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	561,496	0	561,496	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,629,057	0	7,629,057	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,504,102	0	1,504,102	65.00
65.01	03950	SLEEP CLINIC	0	191,851	0	191,851	65.01
66.00	06600	PHYSICAL THERAPY	0	1,996,945	0	1,996,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	399,977	0	399,977	67.00
68.00	06800	SPEECH PATHOLOGY	0	302,801	0	302,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,703,908	0	1,703,908	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,031,567	0	4,031,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,221,059	0	3,221,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,374,992	0	5,374,992	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	5,000	4,412,128	0	4,412,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,046,757	0	2,046,757	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	695,064	0	695,064	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	465,570	68,805,725	0	68,805,725	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	267,822	0	267,822	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	316,170	0	316,170	192.00
192.01	19201	PHYSICIAN CLINIC	0	180,067	0	180,067	192.01
192.02	19202	LIFELINE	0	77,908	0	77,908	192.02
192.03	19203	CREDIT UNION	0	61,825	0	61,825	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	270,295	0	270,295	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	137,605	0	137,605	194.00
194.01	07951	MARKETING	0	258,020	0	258,020	194.01
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	465,570	70,375,437	0	70,375,437	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,715	14,150	33,865	4.00
5.01 00510	NONPATIENT TELEPHONES	0	3,718	2,669	6,387	5.01
5.02 00511	DATA PROCESSING	0	22,357	16,046	38,403	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	78,164	56,101	134,265	5.03
5.04 00513	ADMITTING	0	42,256	30,329	72,585	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	42,293	30,355	72,648	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	128,737	92,399	221,136	5.06
7.00 00700	OPERATION OF PLANT	0	1,193,569	856,667	2,050,236	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,471	13,975	33,446	8.00
9.00 00900	HOUSEKEEPING	0	14,407	10,341	24,748	9.00
10.00 01000	DIETARY	0	48,921	35,113	84,034	10.00
11.00 01100	CAFETERIA	0	34,697	24,904	59,601	11.00
13.00 01300	NURSING ADMINISTRATION	0	7,338	5,267	12,605	13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	68,343	49,052	117,395	14.00
15.00 01500	PHARMACY	0	14,285	10,253	24,538	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	58,791	42,197	100,988	16.00
17.00 01700	SOCIAL SERVICE	0	7,130	5,118	12,248	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	663,594	476,285	1,139,879	30.00
31.00 03100	INTENSIVE CARE UNIT	0	90,505	64,958	155,463	31.00
43.00 04300	NURSERY	0	4,892	3,511	8,403	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	315,372	226,353	541,725	50.00
51.00 05100	RECOVERY ROOM	0	14,224	10,209	24,433	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,164	4,424	10,588	52.00
53.00 05300	ANESTHESIOLOGY	0	196	140	336	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	141,028	101,221	242,249	54.00
54.01 05401	ULTRASOUND	0	7,583	5,442	13,025	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	14,126	10,139	24,265	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,821	7,049	16,870	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	82,188	58,989	141,177	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	14,236	10,218	24,454	65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	92,510	66,398	158,908	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,711	6,970	16,681	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,186	3,722	8,908	68.00
69.00 06900	ELECTROCARDIOLOGY	0	58,229	41,793	100,022	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	118,439	85,008	203,447	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	37,731	27,081	64,812	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	3,853	2,765	6,618	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,493,780	2,507,611	6,001,391	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,842	0	29,842	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	PHYSICIAN CLINIC	0	0	0	0	192.01
192.02 19202	LIFELINE	0	0	0	0	192.02
192.03 19203	CREDIT UNION	0	12,793	0	12,793	192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05 19205	HOSPITALIST	0	0	0	0	192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,536,415	2,507,611	6,044,026	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B Part II Date/Time Prepared: 5/22/2014 1:36 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	6,509					5.01
5.02	00511	328	39,439				5.02
5.03	00512	80	513	135,108			5.03
5.04	00513	194	1,145	483	75,049		5.04
5.05	00514	294	2,211	314	0	76,216	5.05
5.06	00560	234	2,211	377	0	0	5.06
7.00	00700	488	829	1,881	0	0	7.00
8.00	00800	7	0	1,215	0	0	8.00
9.00	00900	87	197	1,707	0	0	9.00
10.00	01000	140	1,145	1,624	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	100	750	180	0	0	13.00
14.00	01400	74	750	10,205	0	0	14.00
15.00	01500	201	1,184	1,039	0	0	15.00
16.00	01600	575	2,132	278	0	0	16.00
17.00	01700	74	355	78	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	844	7,501	3,622	60,329	5,537	30.00
31.00	03100	114	1,105	429	7,541	1,191	31.00
43.00	04300	0	0	0	7,179	222	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	455	2,566	27,987	0	8,767	50.00
51.00	05100	80	0	481	0	1,064	51.00
52.00	05200	0	0	0	0	699	52.00
53.00	05300	13	0	692	0	593	53.00
54.00	05400	435	2,290	5,573	0	7,544	54.00
54.01	05401	13	0	431	0	1,491	54.01
55.00	05500	47	592	3,702	0	2,229	55.00
57.00	05700	0	0	2,351	0	7,354	57.00
58.00	05800	0	0	777	0	3,747	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	268	2,803	20,941	0	14,397	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	47	1,263	976	0	2,812	65.00
65.01	03950	0	0	43	0	0	65.01
66.00	06600	120	869	416	0	1,848	66.00
67.00	06700	67	0	179	0	281	67.00
68.00	06800	7	0	23	0	204	68.00
69.00	06900	221	0	499	0	2,694	69.00
71.00	07100	0	0	0	0	2,267	71.00
72.00	07200	0	0	43,733	0	1,162	72.00
73.00	07300	0	0	0	0	5,012	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	187	1,461	1,070	0	4,057	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	40	1,974	620	0	684	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	897	0	360	116.00
118.00		5,834	35,846	134,823	75,049	76,216	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	33	0	0	0	0	190.00
192.00	19200	475	3,040	106	0	0	192.00
192.01	19201	80	395	60	0	0	192.01
192.02	19202	0	0	2	0	0	192.02
192.03	19203	67	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	158	14	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	20	0	103	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		6,509	39,439	135,108	75,049	76,216	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/22/2014 1:36 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	225,578					5.06
7.00	00700	OPERATION OF PLANT	17,743	2,072,199				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,266	20,117	56,217			8.00
9.00	00900	HOUSEKEEPING	4,482	14,886	6,263	53,157		9.00
10.00	01000	DIETARY	2,642	50,546	2,057	1,319	143,792	10.00
11.00	01100	CAFETERIA	4,658	35,850	0	935	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,294	7,582	0	198	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,386	70,612	232	1,843	0	14.00
15.00	01500	PHARMACY	7,782	14,759	0	385	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,973	60,743	0	1,585	0	16.00
17.00	01700	SOCIAL SERVICE	1,360	7,367	0	192	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,547	685,628	20,661	17,890	114,481	30.00
31.00	03100	INTENSIVE CARE UNIT	6,812	93,510	3,268	2,440	9,390	31.00
43.00	04300	NURSERY	2,461	5,055	0	132	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,473	325,843	3,851	8,502	0	50.00
51.00	05100	RECOVERY ROOM	3,891	14,696	2,744	383	86	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,273	6,369	0	166	0	52.00
53.00	05300	ANESTHESIOLOGY	166	202	0	5	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,516	145,711	2,840	3,802	0	54.00
54.01	05401	ULTRASOUND	1,211	7,835	986	204	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,896	14,595	477	381	0	55.00
57.00	05700	CT SCAN	1,654	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,396	10,147	0	265	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21,801	84,917	9	2,216	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,256	14,709	806	384	0	65.00
65.01	03950	SLEEP CLINIC	610	0	173	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,020	95,582	828	2,494	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,116	10,033	55	262	0	67.00
68.00	06800	SPEECH PATHOLOGY	872	5,358	0	140	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,483	60,162	225	1,570	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,315	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,233	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,651	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,004	122,371	9,680	3,193	1,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,135	38,983	0	1,017	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,184	3,980	0	104	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	221,562	2,028,148	55,155	52,007	125,408	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	479	30,833	0	805	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,011	0	41	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	545	0	0	0	0	192.01
192.02	19202	LIFELINE	250	0	0	0	0	192.02
192.03	19203	CREDIT UNION	54	13,218	0	345	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	866	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	1,021	0	18,384	194.00
194.01	07951	MARKETING	811	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	225,578	2,072,199	56,217	53,157	143,792	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/22/2014 1:36 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	101,815					11.00
13.00	01300	2,566	29,199				13.00
14.00	01400	1,962	1,099	206,860			14.00
15.00	01500	4,884	0	0	56,385		15.00
16.00	01600	4,727	0	0	0	176,888	16.00
17.00	01700	1,046	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	24,202	13,564	0	0	13,034	30.00
31.00	03100	4,689	2,627	0	0	2,804	31.00
43.00	04300	1,539	862	0	0	523	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,247	4,060	0	0	20,638	50.00
51.00	05100	2,851	1,597	0	0	2,506	51.00
52.00	05200	875	490	0	0	1,645	52.00
53.00	05300	0	0	0	0	1,397	53.00
54.00	05400	10,347	0	0	0	17,760	54.00
54.01	05401	750	0	0	0	3,511	54.01
55.00	05500	1,285	0	0	0	5,246	55.00
57.00	05700	0	0	0	0	17,312	57.00
58.00	05800	0	0	0	0	8,820	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	12,145	0	0	0	33,820	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	3,318	0	0	0	6,619	65.00
65.01	03950	0	0	0	0	0	65.01
66.00	06600	3,478	0	0	0	4,350	66.00
67.00	06700	661	0	0	0	660	67.00
68.00	06800	497	0	0	0	479	68.00
69.00	06900	2,135	0	0	0	6,342	69.00
71.00	07100	0	0	206,860	0	5,337	71.00
72.00	07200	0	0	0	0	2,736	72.00
73.00	07300	0	0	0	56,385	11,798	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	8,745	4,900	0	0	9,551	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		99,949	29,199	206,860	56,385	176,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	869	0	0	0	0	190.00
192.00	19200	26	0	0	0	0	192.00
192.01	19201	640	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	331	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		101,815	29,199	206,860	56,385	176,888	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/22/2014 1:36 pm	
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	23,003			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,117	2,167,227	0	2,167,227
31.00	03100	INTENSIVE CARE UNIT	705	293,332	0	293,332
43.00	04300	NURSERY	0	26,782	0	26,782
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	833	967,869	0	967,869
51.00	05100	RECOVERY ROOM	101	55,750	0	55,750
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,336	0	22,336
53.00	05300	ANESTHESIOLOGY	0	3,404	0	3,404
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	456,548	0	456,548
54.01	05401	ULTRASOUND	0	29,662	0	29,662
55.00	05500	RADIOLOGY-THERAPEUTIC	0	56,127	0	56,127
57.00	05700	CT SCAN	0	28,671	0	28,671
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	42,022	0	42,022
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	336,839	0	336,839
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	60,476	0	60,476
65.01	03950	SLEEP CLINIC	0	826	0	826
66.00	06600	PHYSICAL THERAPY	0	274,844	0	274,844
67.00	06700	OCCUPATIONAL THERAPY	0	30,223	0	30,223
68.00	06800	SPEECH PATHOLOGY	0	16,675	0	16,675
69.00	06900	ELECTROCARDIOLOGY	0	178,828	0	178,828
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	223,779	0	223,779
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	57,864	0	57,864
73.00	07300	DRUGS CHARGED TO PATIENTS	0	81,846	0	81,846
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	247	384,262	0	384,262
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	115,419	0	115,419
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	14,429	0	14,429
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,003	5,926,040	0	5,926,040
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,947	0	62,947
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,706	0	4,706
192.01	19201	PHYSICIAN CLINIC	0	1,801	0	1,801
192.02	19202	LIFELINE	0	252	0	252
192.03	19203	CREDIT UNION	0	26,477	0	26,477
192.04	19204	BREAST MRI STUDY	0	0	0	0
192.05	19205	HOSPITALIST	0	1,038	0	1,038
194.00	07950	COMMUNITY MENTAL HEALTH	0	19,405	0	19,405
194.01	07951	MARKETING	0	1,360	0	1,360
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	23,003	6,044,026	0	6,044,026

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	289,151							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		285,665						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,612	1,612	31,975,565					4.00
5.01 00510	NONPATIENT TELEPHONES	304	304	115,194	973				5.01
5.02 00511	DATA PROCESSING	1,828	1,828	668,634	49		999		5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	6,391	6,391	235,707	12		13		5.03
5.04 00513	ADMINISTRATIVE	3,455	3,455	606,200	29		29		5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	3,458	3,458	707,005	44		56		5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,529,945	35		56		5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	964,938	73		21		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	156,821	1		0		8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	743,483	13		5		9.00
10.00 01000	DIETARY	4,000	4,000	268,720	21		29		10.00
11.00 01100	CAFETERIA	2,837	2,837	728,387	0		0		11.00
13.00 01300	NURSING ADMINISTRATION	600	600	872,211	15		19		13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	5,588	5,588	285,051	11		19		14.00
15.00 01500	PHARMACY	1,168	1,168	1,522,742	30		30		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	837,885	86		54		16.00
17.00 01700	SOCIAL SERVICE	583	583	266,898	11		9		17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	54,258	54,258	5,090,321	126		190		30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,174,546	17		28		31.00
43.00 04300	NURSERY	400	400	383,568	0		0		43.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	25,786	25,786	1,815,034	68		65		50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	790,190	12		0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	218,117	0		0		52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	2		0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,342,888	65		58		54.00
54.01 05401	ULTRASOUND	620	620	193,749	2		0		54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	389,233	7		15		55.00
57.00 05700	CT SCAN	0	0	0	0		0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0		0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0		0		59.00
60.00 06000	LABORATORY	6,720	6,720	2,214,687	40		71		60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0		0		60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	785,878	7		32		65.00
65.01 03950	SLEEP CLINIC	0	0	0	0		0		65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	878,847	18		22		66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	215,697	10		0		67.00
68.00 06800	SPEECH PATHOLOGY	424	424	176,113	1		0		68.00
69.00 06900	ELECTROCARDIOLOGY	4,761	4,761	448,118	33		0		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		0		73.00
OUTPATIENT SERVICE COST CENTERS									
91.00 09100	EMERGENCY	9,684	9,684	2,736,998	28		37		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)								92.00
OTHER REIMBURSABLE COST CENTERS									
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	1,089,430	6		50		101.00
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE								113.00
116.00 11600	HOSPICE	315	315	269,643	0		0		116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	285,665	285,665	31,722,878	872		908		118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	80,797	5		0		190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,335	71		77		192.00
192.01 19201	PHYSICIAN CLINIC	0	0	76,262	12		10		192.01
192.02 19202	LIFELINE	0	0	0	0		0		192.02
192.03 19203	CREDIT UNION	1,046	0	0	10		0		192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0		0		192.04
192.05 19205	HOSPITALIST	0	0	0	0		4		192.05
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0		0		194.00
194.01 07951	MARKETING	0	0	89,293	3		0		194.01
200.00	Cross Foot Adjustments								200.00
201.00	Negative Cost Centers								201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,536,415	2,507,611	12,091,272	322,880		1,749,623		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
203.00	Unit cost multiplier (Wkst. B, Part I)	12.230340	8.778153	0.378141	331.839671	1,751.374374	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			33,865	6,509	39,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001059	6.689620	39.478478	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description			PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	8,811,247					5.03
5.04	00513	ADMITTING	31,524	4,558				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	20,467	0	196,878,401			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	24,571	0	0	-3,123,985	67,251,452	5.06
7.00	00700	OPERATION OF PLANT	122,678	0	0	0	5,290,062	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	79,259	0	0	0	377,605	8.00
9.00	00900	HOUSEKEEPING	111,334	0	0	0	1,336,287	9.00
10.00	01000	DIETARY	105,908	0	0	0	787,577	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,388,872	11.00
13.00	01300	NURSING ADMINISTRATION	11,743	0	0	0	1,280,166	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	665,491	0	0	0	711,518	14.00
15.00	01500	PHARMACY	67,754	0	0	0	2,320,191	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,156	0	0	0	1,482,666	16.00
17.00	01700	SOCIAL SERVICE	5,110	0	0	0	405,481	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	236,177	3,664	14,307,090	0	9,996,543	30.00
31.00	03100	INTENSIVE CARE UNIT	27,950	458	3,077,389	0	2,031,027	31.00
43.00	04300	NURSERY	0	436	573,712	0	733,686	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,825,140	0	22,654,727	0	4,017,059	50.00
51.00	05100	RECOVERY ROOM	31,371	0	2,750,413	0	1,160,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,806,040	0	379,453	52.00
53.00	05300	ANESTHESIOLOGY	45,122	0	1,533,289	0	49,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	363,439	0	19,494,776	0	4,626,049	54.00
54.01	05401	ULTRASOUND	28,088	0	3,853,688	0	361,002	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	241,448	0	5,758,882	0	863,344	55.00
57.00	05700	CT SCAN	153,294	0	19,003,582	0	493,262	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,649	0	9,681,692	0	416,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,365,661	0	37,135,810	0	6,500,024	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	63,636	0	7,265,147	0	1,268,842	65.00
65.01	03950	SLEEP CLINIC	2,827	0	0	0	182,016	65.01
66.00	06600	PHYSICAL THERAPY	27,134	0	4,774,737	0	1,496,792	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,699	0	724,987	0	332,877	67.00
68.00	06800	SPEECH PATHOLOGY	1,486	0	526,159	0	259,853	68.00
69.00	06900	ELECTROCARDIOLOGY	32,554	0	6,961,593	0	1,336,662	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,858,820	0	2,777,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,852,239	0	3,003,213	0	3,051,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	12,950,978	0	2,579,288	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	69,768	0	10,483,630	0	3,280,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	40,406	0	1,768,326	0	1,829,168	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	58,522	0	929,721	0	651,269	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,792,605	4,558	196,878,401	-3,123,985	66,054,019	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	142,851	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,901	0	0	0	301,440	192.00
192.01	19201	PHYSICIAN CLINIC	3,939	0	0	0	162,610	192.01
192.02	19202	LIFELINE	161	0	0	0	74,450	192.02
192.03	19203	CREDIT UNION	0	0	0	0	16,111	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	939	0	0	0	258,297	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	6,702	0	0	0	241,674	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	536,057	1,029,693	1,655,130		3,123,985	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.060838	225.908951	0.008407		0.046452	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
204.00	Cost to be allocated (per Wkst. B, Part II)	135,108	75,049	76,216		225,578	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.015334	16.465336	0.000387		0.003354	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	163,986				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	757,314			8.00
9.00	00900	HOUSEKEEPING	1,178	84,375	161,216		9.00
10.00	01000	DIETARY	4,000	27,705	4,000	59,952	10.00
11.00	01100	CAFETERIA	2,837	0	2,837	0	11.00
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	5,588	3,128	5,588	0	14.00
15.00	01500	PHARMACY	1,168	0	1,168	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	16.00
17.00	01700	SOCIAL SERVICE	583	0	583	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,258	278,336	54,258	47,731	30.00
31.00	03100	INTENSIVE CARE UNIT	7,400	44,020	7,400	3,915	31.00
43.00	04300	NURSERY	400	0	400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	51,877	25,786	0	50.00
51.00	05100	RECOVERY ROOM	1,163	36,960	1,163	36	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	52.00
53.00	05300	ANESTHESIOLOGY	16	0	16	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	38,265	11,531	0	54.00
54.01	05401	ULTRASOUND	620	13,289	620	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	6,425	1,155	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,720	118	6,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,164	10,852	1,164	0	65.00
65.01	03950	SLEEP CLINIC	0	2,329	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,564	11,159	7,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	794	739	794	0	67.00
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,761	3,032	4,761	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	130,402	9,684	605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	315	0	315	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	160,500	743,011	157,730	52,287	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	554	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,046	0	1,046	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	0	0	0	192.05
194.00	07950	COMMUNITY MENTAL HEALTH	0	13,749	0	7,665	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,535,796	448,888	1,488,139	1,012,538	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.757735	0.592737	9.230715	16.889145	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,072,199	56,217	53,157	143,792	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	12.636438	0.074232	0.329725	2.398452	0.112776	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	462,087					13.00
14.00	01400	17,400	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	194,180,354		16.00
17.00	01700	0	0	0	0	2,514	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	214,628	0	0	14,307,090	2,308	30.00
31.00	03100	41,575	0	0	3,077,389	77	31.00
43.00	04300	13,644	0	0	573,712	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	64,258	0	0	22,654,727	91	50.00
51.00	05100	25,280	0	0	2,750,413	11	51.00
52.00	05200	7,759	0	0	1,806,040	0	52.00
53.00	05300	0	0	0	1,533,289	0	53.00
54.00	05400	0	0	0	19,494,776	0	54.00
54.01	05401	0	0	0	3,853,688	0	54.01
55.00	05500	0	0	0	5,758,882	0	55.00
57.00	05700	0	0	0	19,003,582	0	57.00
58.00	05800	0	0	0	9,681,692	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	37,135,810	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	7,265,147	0	65.00
65.01	03950	0	0	0	0	0	65.01
66.00	06600	0	0	0	4,774,737	0	66.00
67.00	06700	0	0	0	724,987	0	67.00
68.00	06800	0	0	0	526,159	0	68.00
69.00	06900	0	0	0	6,961,593	0	69.00
71.00	07100	0	100	0	5,858,820	0	71.00
72.00	07200	0	0	0	3,003,213	0	72.00
73.00	07300	0	0	100	12,950,978	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	77,543	0	0	10,483,630	27	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		462,087	100	100	194,180,354	2,514	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		1,405,121	1,069,914	2,553,750	1,831,320	465,570	202.00
203.00		3.040815	10,699.140000	25,537.500000	0.009431	185.190931	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		(GROSS HOURS)	(100%)				
		13.00	14.00	15.00	16.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	29,199	206,860	56,385	176,888	23,003	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063189	2,068.600000	563.850000	0.000911	9.149960	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		15,354,014	0	15,354,014	30.00
31.00	03100	INTENSIVE CARE UNIT		2,777,950	0	2,777,950	31.00
43.00	04300	NURSERY		855,670	0	855,670	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		5,880,940	0	5,880,940	50.00
51.00	05100	RECOVERY ROOM		1,435,602	0	1,435,602	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		472,911	0	472,911	52.00
53.00	05300	ANESTHESIOLOGY		66,929	0	66,929	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		5,703,264	0	5,703,264	54.00
54.01	05401	ULTRASOUND		460,247	0	460,247	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		1,031,096	0	1,031,096	55.00
57.00	05700	CT SCAN		695,398	0	695,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		561,496	0	561,496	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		7,629,057	107,283	7,736,340	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,504,102	0	1,504,102	65.00
65.01	03950	SLEEP CLINIC	0	191,851	0	191,851	65.01
66.00	06600	PHYSICAL THERAPY	0	1,996,945	0	1,996,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	399,977	0	399,977	67.00
68.00	06800	SPEECH PATHOLOGY	0	302,801	0	302,801	68.00
69.00	06900	ELECTROCARDIOLOGY		1,703,908	0	1,703,908	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,031,567	0	4,031,567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		3,221,059	0	3,221,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,374,992	0	5,374,992	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		4,412,128	0	4,412,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1,439,939		1,439,939	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		2,046,757		2,046,757	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		695,064		695,064	116.00
200.00		Subtotal (see instructions)	0	70,245,664	107,283	70,352,947	200.00
201.00		Less Observation Beds		1,439,939		1,439,939	201.00
202.00		Total (see instructions)	0	68,805,725	107,283	68,913,008	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,428,952		12,428,952		30.00
31.00	03100	INTENSIVE CARE UNIT	3,059,730		3,059,730		31.00
43.00	04300	NURSERY	573,712		573,712		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,683,557	16,188,660	21,872,217	0.268877	50.00
51.00	05100	RECOVERY ROOM	511,330	2,238,292	2,749,622	0.522109	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,669,030	88,094	1,757,124	0.269139	52.00
53.00	05300	ANESTHESIOLOGY	530,710	1,002,579	1,533,289	0.43651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,160,937	15,876,740	19,037,677	0.299578	54.00
54.01	05401	ULTRASOUND	739,886	3,113,802	3,853,688	0.119430	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,200	3,210,076	5,728,276	0.180001	55.00
57.00	05700	CT SCAN	4,104,872	14,898,710	19,003,582	0.036593	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,175,781	8,437,225	9,613,006	0.058410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,033,556	26,102,254	37,135,810	0.205437	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	6,067,941	1,121,920	7,189,861	0.209198	65.00
65.01	03950	SLEEP CLINIC	0	707,213	707,213	0.271278	65.01
66.00	06600	PHYSICAL THERAPY	1,740,068	3,034,669	4,774,737	0.418231	66.00
67.00	06700	OCCUPATIONAL THERAPY	378,712	346,275	724,987	0.551702	67.00
68.00	06800	SPEECH PATHOLOGY	152,958	373,201	526,159	0.575493	68.00
69.00	06900	ELECTROCARDIOLOGY	1,966,321	4,125,878	6,092,199	0.279687	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,964,575	1,894,245	5,858,820	0.688119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,353,524	780,392	3,133,916	1.027806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,900,425	4,050,553	12,950,978	0.415026	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,725,772	6,372,988	8,098,760	0.544791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	112,038	1,320,554	1,432,592	1.005128	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,768,326	1,768,326		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	929,721	929,721		116.00
200.00		Subtotal (see instructions)	74,552,587	117,982,367	192,534,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	74,552,587	117,982,367	192,534,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/22/2014 1:36 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	0.268877	50.00
51.00	05100	RECOVERY ROOM	0.522109	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269139	52.00
53.00	05300	ANESTHESIOLOGY	0.043651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299578	54.00
54.01	05401	ULTRASOUND	0.119430	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180001	55.00
57.00	05700	CT SCAN	0.036593	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.208326	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.209198	65.00
65.01	03950	SLEEP CLINIC	0.271278	65.01
66.00	06600	PHYSICAL THERAPY	0.418231	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.551702	67.00
68.00	06800	SPEECH PATHOLOGY	0.575493	68.00
69.00	06900	ELECTROCARDIOLOGY	0.279687	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.688119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.027806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.415026	73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.544791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.005128	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2014 1:36 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		15,354,014	0	15,354,014	30.00
31.00	03100 INTENSIVE CARE UNIT		2,777,950	0	2,777,950	31.00
43.00	04300 NURSERY		855,670	0	855,670	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		5,880,940	0	5,880,940	50.00
51.00	05100 RECOVERY ROOM		1,435,602	0	1,435,602	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		472,911	0	472,911	52.00
53.00	05300 ANESTHESIOLOGY		66,929	0	66,929	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,703,264	0	5,703,264	54.00
54.01	05401 ULTRASOUND		460,247	0	460,247	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		1,031,096	0	1,031,096	55.00
57.00	05700 CT SCAN		695,398	0	695,398	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		561,496	0	561,496	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		7,629,057	107,283	7,736,340	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,504,102	0	1,504,102	65.00
65.01	03950 SLEEP CLINIC	0	191,851	0	191,851	65.01
66.00	06600 PHYSICAL THERAPY	0	1,996,945	0	1,996,945	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	399,977	0	399,977	67.00
68.00	06800 SPEECH PATHOLOGY	0	302,801	0	302,801	68.00
69.00	06900 ELECTROCARDIOLOGY		1,703,908	0	1,703,908	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,031,567	0	4,031,567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		3,221,059	0	3,221,059	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,374,992	0	5,374,992	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		4,412,128	0	4,412,128	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,439,939		1,439,939	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		2,046,757		2,046,757	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		695,064		695,064	116.00
200.00	Subtotal (see instructions)	0	70,245,664	107,283	70,352,947	200.00
201.00	Less Observation Beds		1,439,939		1,439,939	201.00
202.00	Total (see instructions)	0	68,805,725	107,283	68,913,008	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

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Part I
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,428,952		12,428,952		30.00
31.00	03100	INTENSIVE CARE UNIT	3,059,730		3,059,730		31.00
43.00	04300	NURSERY	573,712		573,712		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,683,557	16,188,660	21,872,217	0.268877	50.00
51.00	05100	RECOVERY ROOM	511,330	2,238,292	2,749,622	0.522109	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,669,030	88,094	1,757,124	0.269139	52.00
53.00	05300	ANESTHESIOLOGY	530,710	1,002,579	1,533,289	0.043651	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,160,937	15,876,740	19,037,677	0.299578	54.00
54.01	05401	ULTRASOUND	739,886	3,113,802	3,853,688	0.119430	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,518,200	3,210,076	5,728,276	0.180001	55.00
57.00	05700	CT SCAN	4,104,872	14,898,710	19,003,582	0.036593	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,175,781	8,437,225	9,613,006	0.058410	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,033,556	26,102,254	37,135,810	0.205437	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	6,067,941	1,121,920	7,189,861	0.209198	65.00
65.01	03950	SLEEP CLINIC	0	707,213	707,213	0.271278	65.01
66.00	06600	PHYSICAL THERAPY	1,740,068	3,034,669	4,774,737	0.418231	66.00
67.00	06700	OCCUPATIONAL THERAPY	378,712	346,275	724,987	0.551702	67.00
68.00	06800	SPEECH PATHOLOGY	152,958	373,201	526,159	0.575493	68.00
69.00	06900	ELECTROCARDIOLOGY	1,966,321	4,125,878	6,092,199	0.279687	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,964,575	1,894,245	5,858,820	0.688119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,353,524	780,392	3,133,916	1.027806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,900,425	4,050,553	12,950,978	0.415026	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,725,772	6,372,988	8,098,760	0.544791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	112,038	1,320,554	1,432,592	1.005128	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,768,326	1,768,326		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	929,721	929,721		116.00
200.00		Subtotal (see instructions)	74,552,587	117,982,367	192,534,954		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	74,552,587	117,982,367	192,534,954		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		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	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	03950	SLEEP CLINIC	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/22/2014 1:36 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	2,167,227	0	2,167,227	15,248	142.13	30.00	
31.00	INTENSIVE CARE UNIT	293,332		293,332	2,119	138.43	31.00	
43.00	NURSERY	26,782		26,782	772	34.69	43.00	
200.00	Total (Lines 30-199)	2,487,341		2,487,341	18,139		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	6,958	988,941					30.00
31.00	INTENSIVE CARE UNIT	1,143	158,225					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	8,101	1,147,166					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/22/2014 1:36 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)	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	967,869	21,872,217	0.044251	3,691,502	163,353	50.00
51.00	05100 RECOVERY ROOM	55,750	2,749,622	0.020276	219,908	4,459	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	22,336	1,757,124	0.012712	33	0	52.00
53.00	05300 ANESTHESIOLOGY	3,404	1,533,289	0.002220	211,824	470	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	456,548	19,037,677	0.023981	2,117,256	50,774	54.00
54.01	05401 ULTRASOUND	29,662	3,853,688	0.007697	280,047	2,156	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	56,127	5,728,276	0.009798	1,075,866	10,541	55.00
57.00	05700 CT SCAN	28,671	19,003,582	0.001509	2,273,014	3,430	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	42,022	9,613,006	0.004371	635,121	2,776	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	336,839	37,135,810	0.009070	5,927,256	53,760	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	60,476	7,189,861	0.008411	4,094,420	34,438	65.00
65.01	03950 SLEEP CLINIC	826	707,213	0.001168	0	0	65.01
66.00	06600 PHYSICAL THERAPY	274,844	4,774,737	0.057562	1,079,913	62,162	66.00
67.00	06700 OCCUPATIONAL THERAPY	30,223	724,987	0.041688	194,908	8,125	67.00
68.00	06800 SPEECH PATHOLOGY	16,675	526,159	0.031692	116,850	3,703	68.00
69.00	06900 ELECTROCARDIOLOGY	178,828	6,092,199	0.029354	1,649,436	48,418	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	223,779	5,858,820	0.038195	1,300,836	49,685	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	57,864	3,133,916	0.018464	27,490	508	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	81,846	12,950,978	0.006320	5,211,273	32,935	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	384,262	8,098,760	0.047447	1,163,800	55,219	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	203,249	1,432,592	0.141875	100,303	14,230	92.00
200.00	Total (lines 50-199)	3,512,100	173,774,513		31,371,056	601,142	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/22/2014 1:36 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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	15,248	0.00	6,958	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,119	0.00	1,143	0		31.00
43.00	04300	NURSERY	772	0.00	0	0		43.00
200.00		Total (lines 30-199)	18,139		8,101	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	0	0	65.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	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	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/22/2014 1:36 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	21,872,217	0.000000	0.000000	3,691,502	50.00
51.00	05100 RECOVERY ROOM	0	2,749,622	0.000000	0.000000	219,908	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,757,124	0.000000	0.000000	33	52.00
53.00	05300 ANESTHESIOLOGY	0	1,533,289	0.000000	0.000000	211,824	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,037,677	0.000000	0.000000	2,117,256	54.00
54.01	05401 ULTRASOUND	0	3,853,688	0.000000	0.000000	280,047	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,728,276	0.000000	0.000000	1,075,866	55.00
57.00	05700 CT SCAN	0	19,003,582	0.000000	0.000000	2,273,014	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	9,613,006	0.000000	0.000000	635,121	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	37,135,810	0.000000	0.000000	5,927,256	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	7,189,861	0.000000	0.000000	4,094,420	65.00
65.01	03950 SLEEP CLINIC	0	707,213	0.000000	0.000000	0	65.01
66.00	06600 PHYSICAL THERAPY	0	4,774,737	0.000000	0.000000	1,079,913	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	724,987	0.000000	0.000000	194,908	67.00
68.00	06800 SPEECH PATHOLOGY	0	526,159	0.000000	0.000000	116,850	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,092,199	0.000000	0.000000	1,649,436	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,858,820	0.000000	0.000000	1,300,836	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,133,916	0.000000	0.000000	27,490	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,950,978	0.000000	0.000000	5,211,273	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	8,098,760	0.000000	0.000000	1,163,800	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,432,592	0.000000	0.000000	100,303	92.00
200.00	Total (lines 50-199)	0	173,774,513			31,371,056	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/22/2014 1:36 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5,248,009	0	50.00
51.00	05100 RECOVERY ROOM	0	723,806	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	392	0	52.00
53.00	05300 ANESTHESIOLOGY	0	172,479	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,828,759	0	54.00
54.01	05401 ULTRASOUND	0	580,341	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,393,974	0	55.00
57.00	05700 CT SCAN	0	4,824,169	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,173,963	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	900,136	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	441,506	0	65.00
65.01	03950 SLEEP CLINIC	0	140,223	0	65.01
66.00	06600 PHYSICAL THERAPY	0	135,819	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,624	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,857	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,520,103	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,081	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	192,486	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	910,538	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	1,352,303	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	889,742	0	92.00
200.00	Total (lines 50-199)	0	26,508,310	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/22/2014 1:36 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	0.268877	5,248,009	0	0	1,411,069	50.00
51.00	05100	RECOVERY ROOM	0.522109	723,806	0	0	377,906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269139	392	0	0	106	52.00
53.00	05300	ANESTHESIOLOGY	0.043651	172,479	0	0	7,529	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299578	4,828,759	0	0	1,446,590	54.00
54.01	05401	ULTRASOUND	0.119430	580,341	0	0	69,310	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180001	1,393,974	0	0	250,917	55.00
57.00	05700	CT SCAN	0.036593	4,824,169	0	0	176,531	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058410	2,173,963	0	0	126,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.205437	900,136	3,974	0	184,921	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.209198	441,506	8,383	0	92,362	65.00
65.01	03950	SLEEP CLINIC	0.271278	140,223	0	0	38,039	65.01
66.00	06600	PHYSICAL THERAPY	0.418231	135,819	0	0	56,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.551702	3,624	0	0	1,999	67.00
68.00	06800	SPEECH PATHOLOGY	0.575493	1,857	0	0	1,069	68.00
69.00	06900	ELECTROCARDIOLOGY	0.279687	1,520,103	0	0	425,153	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.688119	74,081	0	0	50,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.027806	192,486	0	0	197,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.415026	910,538	0	2,205	377,897	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.544791	1,352,303	0	0	736,723	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.005128	889,742	0	0	894,305	92.00
200.00		Subtotal (see instructions)		26,508,310	12,357	2,205	6,925,026	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		26,508,310	12,357	2,205	6,925,026	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150086

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

Worksheet D
Part V
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
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	816	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,754	0	65.00
65.01	03950	SLEEP CLINIC	0	0	65.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	915	73.00
OUTPATIENT SERVICE COST CENTERS					
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)	2,570	915	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	2,570	915	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2014 1:36 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)		15,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,248	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)		13,818	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)		6,958	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)		15,354,014	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)		15,354,014	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)		15,354,014	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,006.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,006,358	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,006,358	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/22/2014 1:36 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)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,777,950	2,119	1,310.97	1,143	1,498,439		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)					9,098,435		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,603,232		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)					1,147,166		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					601,142		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,748,308		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,854,924		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)					1,430		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,006.95		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,439,939		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/22/2014 1:36 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	2,167,227	15,354,014	0.141151	1,439,939	203,249	90.00
91.00	Nursing School cost	0	15,354,014	0.000000	1,439,939	0	91.00
92.00	Allied health cost	0	15,354,014	0.000000	1,439,939	0	92.00
93.00	All other Medical Education	0	15,354,014	0.000000	1,439,939	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2014 1:36 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,248	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)		13,818	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,266	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)		772	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)		15,354,014	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)		15,354,014	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)		15,354,014	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,006.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,274,799	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,274,799	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Date/Time Prepared: 5/22/2014 1:36 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	855,670	772	1,108.38	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,777,950	2,119	1,310.97	0	0	0	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)						1,376,318	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,651,117	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						1,430	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,006.95	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,439,939	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150086

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

Worksheet D-1
Date/Time Prepared:
5/22/2014 1:36 pm

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/22/2014 1:36 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,423,869		30.00
31.00	03100 INTENSIVE CARE UNIT		1,540,800		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.268877	3,691,502	992,560	50.00
51.00	05100 RECOVERY ROOM	0.522109	219,908	114,816	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.269139	33	9	52.00
53.00	05300 ANESTHESIOLOGY	0.043651	211,824	9,246	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.299578	2,117,256	634,283	54.00
54.01	05401 ULTRASOUND	0.119430	280,047	33,446	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.180001	1,075,866	193,657	55.00
57.00	05700 CT SCAN	0.036593	2,273,014	83,176	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.058410	635,121	37,097	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.208326	5,927,256	1,234,802	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.209198	4,094,420	856,544	65.00
65.01	03950 SLEEP CLINIC	0.271278	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.418231	1,079,913	451,653	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.551702	194,908	107,531	67.00
68.00	06800 SPEECH PATHOLOGY	0.575493	116,850	67,246	68.00
69.00	06900 ELECTROCARDIOLOGY	0.279687	1,649,436	461,326	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.688119	1,300,836	895,130	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1.027806	27,490	28,254	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.415026	5,211,273	2,162,814	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.544791	1,163,800	634,028	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.005128	100,303	100,817	92.00
200.00	Total (sum of lines 50-94 and 96-98)		31,371,056	9,098,435	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)		31,371,056		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/22/2014 1:36 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		934,663	30.00
31.00	03100	INTENSIVE CARE UNIT		193,272	31.00
43.00	04300	NURSERY		211,674	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.268877	542,079	145,753 50.00
51.00	05100	RECOVERY ROOM	0.522109	37,025	19,331 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.269139	510,041	137,272 52.00
53.00	05300	ANESTHESIOLOGY	0.043651	30,632	1,337 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.299578	171,302	51,318 54.00
54.01	05401	ULTRASOUND	0.119430	106,904	12,768 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180001	136,871	24,637 55.00
57.00	05700	CT SCAN	0.036593	290,561	10,632 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058410	116,683	6,815 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.205437	693,897	142,552 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.209198	212,034	44,357 65.00
65.01	03950	SLEEP CLINIC	0.271278	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.418231	88,873	37,169 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.551702	20,493	11,306 67.00
68.00	06800	SPEECH PATHOLOGY	0.575493	4,458	2,566 68.00
69.00	06900	ELECTROCARDIOLOGY	0.279687	131,925	36,898 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.688119	333,406	229,423 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.027806	128,628	132,205 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.415026	665,344	276,135 73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.544791	78,949	43,011 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.005128	10,778	10,833 92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,310,883	1,376,318 200.00
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)		4,310,883	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/22/2014 1:36 pm
		Title XVIII	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)		9,202,579	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,329,463	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)		419,440	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		74.08	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)		4.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.42	31.00
32.00	Sum of lines 30 and 31		22.43	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.72	33.00
34.00	Disproportionate share adjustment (see instructions)		774,698	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/22/2014 1:36 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)			0.000095169	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			860,939	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			217,004	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		217,004		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)			13,943,184	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)			13,943,184	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			1,064,306	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			0	53.00
54.00	Special add-on payments for new technologies			1,705	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,009,195	59.00
60.00	Primary payer payments			7,720	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,001,475	61.00
62.00	Deductibles billed to program beneficiaries			1,418,916	62.00
63.00	Coinurance billed to program beneficiaries			19,825	63.00
64.00	Allowable bad debts (see instructions)			129,486	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			84,166	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			91,323	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,646,900	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			2,756	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-50,913	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: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/22/2014 1:36 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)		13,598,743		71.00
71.01	Sequestration adjustment (see instructions)		205,341		71.01
72.00	Interim payments		13,413,496		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		-20,094		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		80,000		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2014 1:36 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	9,202,579	0	9,202,579	0	9,202,579	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	3,329,463	0	0	3,329,463	3,329,463	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	419,440	0	348,401	71,039	419,440	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0772	0.0772	0.0772	0.0772		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	774,698	0	710,439	64,259	774,698	11.00
11.01	Uncompensated care payments	36.00	217,004	0	0	217,004	217,004	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	13,943,184	0	10,261,419	3,681,765	13,943,184	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	13,943,184	0	10,261,419	3,681,765	13,943,184	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,064,306	0	784,937	279,369	1,064,306	16.00
17.00	Special add-on payments for new technologies	54.00	1,705	0	0	1,705	1,705	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	11,046,356	3,962,839	15,009,195	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150086

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2014 1:36 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	992,930	0	728,260	264,669	992,929	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	71,376	0	56,676	14,700	71,376	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,064,306	0	784,937	279,369	1,064,306	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		N					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/22/2014 1:36 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,485	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,925,026	2.00
3.00	PPS payments		5,632,528	3.00
4.00	Outlier payment (see instructions)		8,859	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,485	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,562	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)		14,562	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)		14,562	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,077	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		3,485	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)		5,641,387	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,676	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,363,724	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)		4,279,472	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)		4,279,472	30.00
31.00	Primary payer payments		4,851	31.00
32.00	Subtotal (line 30 minus line 31)		4,274,621	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)		188,675	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		122,639	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		172,336	36.00
37.00	Subtotal (see instructions)		4,397,260	37.00
38.00	MSP-LCC reconciliation amount from PS&R		677	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)		4,396,583	40.00
40.01	Sequestration adjustment (see instructions)		66,388	40.01
41.00	Interim payments		4,368,986	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-38,791	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: 150086

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2014 1:36 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		13,279,982		4,207,490	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	12/31/2013	133,514	12/31/2013	161,496	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)		133,514		161,496	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)		13,413,496		4,368,986	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		20,094		38,791	6.02	
7.00	Total Medicare program liability (see instructions)		13,393,402		4,330,195	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: 150086

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

Worksheet E-1
Part II
Date/Time Prepared:
5/22/2014 1:36 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			4,129 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			8,101 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,814 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			15,937 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			192,534,954 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,765,179 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)			1,222,521 8.00
9.00	Sequestration adjustment amount (see instructions)			24,450 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,198,071 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,113,038 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)			85,033 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2014 1:36 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,651,117		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,651,117	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,651,117	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,339,609		8.00
9.00	Ancillary service charges		4,310,883	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5,650,492	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		5,650,492	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,999,375	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,651,117	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,651,117	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,651,117	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,651,117	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,651,117	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,651,117	0	40.00
41.00	Interim payments		2,867,072	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-215,955		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		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: 150086

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

Worksheet G

Date/Time Prepared:
5/22/2014 1:36 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	2,618,576	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	13,021,201	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,223,228	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	44,892,611	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)	61,755,616	0	0	0	11.00
FIXED ASSETS						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,491,456	0	0	0	13.00
14.00	Accumulated depreciation	-1,019,756	0	0	0	14.00
15.00	Buildings	63,174,325	0	0	0	15.00
16.00	Accumulated depreciation	-33,699,780	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	45,076,616	0	0	0	23.00
24.00	Accumulated depreciation	-35,805,775	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)	39,292,294	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	29,489,372	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,489,372	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	130,537,282	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,184,953	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,972,094	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	500,000	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	33,034,210	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,691,257	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,691,257	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	89,846,025				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	89,846,025	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	130,537,282	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/22/2014 1:36 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		88,200,060		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,645,965				2.00
3.00	Total (sum of line 1 and line 2)		89,846,025		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		89,846,025		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		89,846,025		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: 150086

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,880,802		14,880,802	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)	14,880,802		14,880,802	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,077,389		3,077,389	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)	3,077,389		3,077,389	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,958,191		17,958,191	17.00
18.00	Ancillary services	56,952,233	108,786,300	165,738,533	18.00
19.00	Outpatient services	1,725,772	6,376,533	8,102,305	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		1,768,326	1,768,326	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	929,721	929,721	26.00
27.00	PRO FEES	479,401	1,901,924	2,381,325	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	77,115,597	119,762,804	196,878,401	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,501,538		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)		85,501,538		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150086

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

Worksheet G-3

Date/Time Prepared:
5/22/2014 1:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	196,878,401	1.00
2.00	Less contractual allowances and discounts on patients' accounts	116,295,067	2.00
3.00	Net patient revenues (line 1 minus line 2)	80,583,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,501,538	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,918,204	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	2,095,681	24.00
24.01	INVESTMENT INCOME	4,410,715	24.01
24.02	GAIN ON DISPOSAL	55,166	24.02
24.03	MISC INCOME	2,607	24.03
25.00	Total other income (sum of lines 6-24)	6,564,169	25.00
26.00	Total (line 5 plus line 25)	1,645,965	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)	1,645,965	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet H

HHA CCN: 157055

To 12/31/2013

Date/Time Prepared: 5/22/2014 1:36 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	214,281	0	0	166,907	381,188	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	541,538	0	0	0	541,538	6.00
7.00	Physical Therapy	112,202	0	0	0	112,202	7.00
8.00	Occupational Therapy	42,688	0	0	0	42,688	8.00
9.00	Speech Pathology	11,004	0	0	0	11,004	9.00
10.00	Medical Social Services	18,610	0	0	0	18,610	10.00
11.00	Home Health Aide	104,272	0	0	0	104,272	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	44,835	0	0	0	44,835	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,089,430	0	0	166,907	1,256,337	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-10,823	370,365	0	370,365		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	541,538	0	541,538		6.00
7.00	Physical Therapy	0	112,202	0	112,202		7.00
8.00	Occupational Therapy	0	42,688	0	42,688		8.00
9.00	Speech Pathology	0	11,004	0	11,004		9.00
10.00	Medical Social Services	0	18,610	0	18,610		10.00
11.00	Home Health Aide	0	104,272	0	104,272		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	44,835	0	44,835		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-10,823	1,245,514	0	1,245,514		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/22/2014 1:36 pm
		HHA CCN: 157055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	370,365	0	0	0	370,365	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	541,538	0	0	0	541,538	6.00	
7.00	Physical Therapy	112,202	0	0	0	112,202	7.00	
8.00	Occupational Therapy	42,688	0	0	0	42,688	8.00	
9.00	Speech Pathology	11,004	0	0	0	11,004	9.00	
10.00	Medical Social Services	18,610	0	0	0	18,610	10.00	
11.00	Home Health Aide	104,272	0	0	0	104,272	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	44,835	0	0	0	44,835	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,245,514	0	0	0	1,245,514	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	370,365					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	229,180	770,718				6.00	
7.00	Physical Therapy	47,484	159,686				7.00	
8.00	Occupational Therapy	18,066	60,754				8.00	
9.00	Speech Pathology	4,657	15,661				9.00	
10.00	Medical Social Services	7,876	26,486				10.00	
11.00	Home Health Aide	44,128	148,400				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	18,974	63,809				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,245,514				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-1
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-370,365	875,149 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	541,538 6.00
7.00	Physical Therapy	0	0	0	0	0	112,202 7.00
8.00	Occupational Therapy	0	0	0	0	0	42,688 8.00
9.00	Speech Pathology	0	0	0	0	0	11,004 9.00
10.00	Medical Social Services	0	0	0	0	0	18,610 10.00
11.00	Home Health Aide	0	0	0	0	0	104,272 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	44,835 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-370,365	875,149 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		370,365 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.423202 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157055

To 12/31/2013

Part I
Date/Time Prepared: 5/22/2014 1:36 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	37,731	27,081	411,958	1,991	87,569	1.00
2.00 Skilled Nursing Care	770,718	0	0	0	0	0	2.00
3.00 Physical Therapy	159,686	0	0	0	0	0	3.00
4.00 Occupational Therapy	60,754	0	0	0	0	0	4.00
5.00 Speech Pathology	15,661	0	0	0	0	0	5.00
6.00 Medical Social Services	26,486	0	0	0	0	0	6.00
7.00 Home Health Aide	148,400	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	63,809	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,245,514	37,731	27,081	411,958	1,991	87,569	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	2,458	0	14,866	583,654	27,112	104,143	1.00
2.00 Skilled Nursing Care	0	0	0	770,718	35,803	0	2.00
3.00 Physical Therapy	0	0	0	159,686	7,418	0	3.00
4.00 Occupational Therapy	0	0	0	60,754	2,822	0	4.00
5.00 Speech Pathology	0	0	0	15,661	727	0	5.00
6.00 Medical Social Services	0	0	0	26,486	1,230	0	6.00
7.00 Home Health Aide	0	0	0	148,400	6,893	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	63,809	2,964	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,458	0	14,866	1,829,168	84,969	104,143	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157055

To 12/31/2013

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	28,477	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	28,477	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	743,386	0	743,386	1.00
2.00	Skilled Nursing Care	0	0	0	806,521	0	806,521	2.00
3.00	Physical Therapy	0	0	0	167,104	0	167,104	3.00
4.00	Occupational Therapy	0	0	0	63,576	0	63,576	4.00
5.00	Speech Pathology	0	0	0	16,388	0	16,388	5.00
6.00	Medical Social Services	0	0	0	27,716	0	27,716	6.00
7.00	Home Health Aide	0	0	0	155,293	0	155,293	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	66,773	0	66,773	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	2,046,757	0	2,046,757	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/22/2014 1:36 pm
		HHA CCN: 157055	Home Health Agency I	PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	460,005	1,266,526		2.00
3.00	Physical Therapy	95,309	262,413		3.00
4.00	Occupational Therapy	36,261	99,837		4.00
5.00	Speech Pathology	9,347	25,735		5.00
6.00	Medical Social Services	15,808	43,524		6.00
7.00	Home Health Aide	88,572	243,865		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	38,084	104,857		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	743,386	2,046,757		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.570356			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2 Part II
Date/Time Prepared: 5/22/2014 1:36 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	1,089,430	6	50	40,406	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,085	3,085	1,089,430	6	50	40,406	20.00
21.00 Total cost to be allocated	37,731	27,081	411,958	1,991	87,569	2,458	21.00
22.00 Unit cost multiplier	12.230470	8.778282	0.378141	331.833333	1,751.380000	0.060833	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,768,326	0	583,654	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	770,718	0	0	2.00
3.00 Physical Therapy	0	0	0	159,686	0	0	3.00
4.00 Occupational Therapy	0	0	0	60,754	0	0	4.00
5.00 Speech Pathology	0	0	0	15,661	0	0	5.00
6.00 Medical Social Services	0	0	0	26,486	0	0	6.00
7.00 Home Health Aide	0	0	0	148,400	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	63,809	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,768,326	0	1,829,168	3,085	0	20.00
21.00 Total cost to be allocated	0	14,866	0	84,969	104,143	0	21.00
22.00 Unit cost multiplier	0.000000	0.008407	0	0.046452	33.757861	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	28,477	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.230794	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/22/2014 1:36 pm
		HHA CCN: 157055	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,266,526		1,266,526	4,425	286.22	1.00
2.00	Physical Therapy	3.00	262,413	0	262,413	2,236	117.36	2.00
3.00	Occupational Therapy	4.00	99,837	0	99,837	629	158.72	3.00
4.00	Speech Pathology	5.00	25,735	0	25,735	157	163.92	4.00
5.00	Medical Social Services	6.00	43,524		43,524	45	967.20	5.00
6.00	Home Health Aide	7.00	243,865		243,865	2,025	120.43	6.00
7.00	Total (sum of lines 1-6)		1,941,900	0	1,941,900	9,517		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation								
8.00	Skilled Nursing Care		17140	1,025	1,203			8.00
8.01	Skilled Nursing Care		99915	83	40			8.01
9.00	Physical Therapy		17140	692	539			9.00
9.01	Physical Therapy		99915	27	19			9.01
10.00	Occupational Therapy		17140	232	103			10.00
10.01	Occupational Therapy		99915	4	1			10.01
11.00	Speech Pathology		17140	19	16			11.00
11.01	Speech Pathology		99915	0	0			11.01
12.00	Medical Social Services		17140	12	12			12.00
12.01	Medical Social Services		99915	0	0			12.01
13.00	Home Health Aide		17140	146	1,034			13.00
13.01	Home Health Aide		99915	13	5			13.01
14.00	Total (sum of lines 8-13)			2,253	2,972			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,108	1,243		317,132	355,771		1.00
2.00	Physical Therapy	719	558		84,382	65,487		2.00
3.00	Occupational Therapy	236	104		37,458	16,507		3.00
4.00	Speech Pathology	19	16		3,114	2,623		4.00
5.00	Medical Social Services	12	12		11,606	11,606		5.00
6.00	Home Health Aide	159	1,039		19,148	125,127		6.00
7.00	Total (sum of lines 1-6)	2,253	2,972		472,840	577,121		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-3
Part I
Date/Time Prepared:
5/22/2014 1:36 pm
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Title XVII I

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		86	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	672,903					1.00
2.00	Physical Therapy	149,869					2.00
3.00	Occupational Therapy	53,965					3.00
4.00	Speech Pathology	5,737					4.00
5.00	Medical Social Services	23,212					5.00
6.00	Home Health Aide	144,275					6.00
7.00	Total (sum of lines 1-6)	1,049,961					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/22/2014 1:36 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.418231	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.551702	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.575493	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.688119	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.415026	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2014 1:36 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		380,544	336,486
12.00	Total PPS Reimbursement - Full Episodes with Outliers		2,508	21,139
13.00	Total PPS Reimbursement - LUPA Episodes		14,549	16,016
14.00	Total PPS Reimbursement - PEP Episodes		3,126	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		21	12,604
16.00	Total PPS Outlier Reimbursement - PEP Episodes		212	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		400,960	386,245
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		400,960	386,245
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		400,960	386,245
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		400,960	386,245
30.00	MISC		0	85
31.00	Subtotal (line 29 plus/minus line 30)		400,960	386,330
31.01	Sequestration adjustment (see instructions)		5,403	5,945
32.00	Interim payments (see instructions)		395,557	380,385
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

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

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-5
Date/Time Prepared:
5/22/2014 1:36 pm
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		395,557		380,385	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		395,557		380,385	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		395,557		380,385	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151531

To 12/31/2013

Date/Time Prepared: 5/22/2014 1:36 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	130,964	0	0	0	319,763	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	73,300	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	43,007	0	0	0	0	15.00
16.00	Spiritual Counseling	10,624	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	11,748	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	269,643	0	0	0	319,763	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151531

To 12/31/2013

Date/Time Prepared: 5/22/2014 1:36 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	450,727	-52,610	398,117	-5,484	392,633	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	73,300	0	73,300	0	73,300	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	43,007	0	43,007	0	43,007	15.00
16.00	Spiritual Counseling	10,624	0	10,624	0	10,624	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	11,748	0	11,748	0	11,748	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	589,406	-52,610	536,796	-5,484	531,312	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151531

To 12/31/2013

Date/Time Prepared: 5/22/2014 1:36 pm

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	22,117	0	75,664	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	43,007	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	22,117	43,007	75,664	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151531

To 12/31/2013

Date/Time Prepared: 5/22/2014 1:36 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	33,183	130,964	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	73,300	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	43,007	15.00
16.00	Spiritual Counseling		0	10,624	10,624	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		11,748	0	11,748	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	11,748	43,807	269,643	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/22/2014 1:36 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	392,633	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	73,300	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	43,007	0	0	0	0	15.00
16.00	Spiritual Counseling	10,624	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	11,748	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	531,312	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150086	Period: From 01/01/2013	Worksheet K-4
		Hospice CCN: 151531	To 12/31/2013	Part I
				Date/Time Prepared: 5/22/2014 1:36 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00		7.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	392,633	392,633			6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0		0	7.00
8.00	Inpatient - Respite Care	0	0	0		0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0		0	9.00
10.00	Nursing Care	0	73,300	207,530		280,830	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0		0	11.00
12.00	Physical Therapy	0	0	0		0	12.00
13.00	Occupational Therapy	0	0	0		0	13.00
14.00	Speech/ Language Pathology	0	0	0		0	14.00
15.00	Medical Social Services	0	43,007	121,763		164,770	15.00
16.00	Spiritual Counseling	0	10,624	30,079		40,703	16.00
17.00	Dietary Counseling	0	0	0		0	17.00
18.00	Counseling - Other	0	0	0		0	18.00
19.00	Home Health Aide and Homemaker	0	11,748	33,261		45,009	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	20.00
21.00	Other	0	0	0		0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0		0	22.00
23.00	Analgesics	0	0	0		0	23.00
24.00	Sedatives / Hypnotics	0	0	0		0	24.00
25.00	Other - Specify	0	0	0		0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0		0	26.00
27.00	Patient Transportation	0	0	0		0	27.00
28.00	Imaging Services	0	0	0		0	28.00
29.00	Labs and Diagnostics	0	0	0		0	29.00
30.00	Medical Supplies	0	0	0		0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0		0	31.00
32.00	Radiation Therapy	0	0	0		0	32.00
33.00	Chemotherapy	0	0	0		0	33.00
34.00	Other	0	0	0		0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0		0	35.00
36.00	Volunteer Program Costs	0	0	0		0	36.00
37.00	Fundraising	0	0	0		0	37.00
38.00	Other Program Costs	0	0	0		0	38.00
39.00	Total (sum of lines 1 thru 38)	0	531,312			531,312	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151531

To 12/31/2013

Part II
Date/Time Prepared:
5/22/2014 1:36 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-4
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-392,633	138,679	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	73,300	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	43,007	15.00
16.00	Spiritual Counseling	0	10,624	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	11,748	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		392,633	39.00
40.00	Unit Cost Multiplier		2.831236	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151531

To 12/31/2013

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
0	0	0	0	0	0	0	0
3,853	2,765	101,963					
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	280,830	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	164,770	0	0	0	0	0	10.00
11.00 Spiritual Counseling	40,703	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	45,009	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	531,312	3,853	2,765	101,963	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151531

To 12/31/2013

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	3,560	0	7,816	119,957	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	280,830	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	164,770	10.00
11.00	Spiritual Counseling	0	0	0	0	40,703	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	45,009	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,560	0	7,816	651,269	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00 Administrative and General	5,572	10,634	0	2,908	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	13,045	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	7,654	0	0	0	0	10.00
11.00 Spiritual Counseling	1,891	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	2,091	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	30,253	10,634	0	2,908	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151531

To 12/31/2013

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151531

To 12/31/2013

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	139,071				1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	293,875	0	293,875	73,507	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	172,424	0	172,424	43,129	10.00
11.00	Spiritual Counseling	0	42,594	0	42,594	10,654	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	47,100	0	47,100	11,781	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	695,064	0	695,064		34.00
35.00	Unit Cost Multiplier (see instructions)					0.250131	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	367,382	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	215,553	10.00
11.00	Spiritual Counseling	53,248	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	58,881	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	695,064	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
1.00 Administrative and General	315	315	269,643	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	315	315	269,643	0	0	34.00
35.00 Total cost to be allocated	3,853	2,765	101,963	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	12.231746	8.777778	0.378141	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Hospice I					
		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	58,522	0	929,721	0	119,957	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	280,830	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	164,770	10.00
11.00	Spiritual Counseling	0	0	0	0	40,703	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	45,009	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	58,522	0	929,721		651,269	34.00
35.00	Total cost to be allocated	3,560	0	7,816		30,253	35.00
36.00	Unit Cost Multiplier (see instructions)	0.060832	0.000000	0.008407		0.046452	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	315	0	315	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	315	0	315	0	0	34.00
35.00	Total cost to be allocated	10,634	0	2,908	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	33.758730	0.000000	9.231746	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2014 1:36 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-5
 Part III
 Date/Time Prepared:
 5/22/2014 1:36 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.418231	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.551702	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.575493	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.415026	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.208326	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.688119	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.180001	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPI CE PER DIEM COST

Provi der CCN: 150086

Period:

Worksheet K-6

Hospi ce CCN: 151531

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

Date/Time Prepared:
5/22/2014 1:36 pm

		Hospi ce I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				695,064	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,716	2.00
3.00	Average cost per diem (line 1 divided by line 2)				147.38	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,136				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	462,184				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		515			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		75,901			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,065		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			156,960		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150086	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/22/2014 1:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		992,930	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		71,376	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)		43.66	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,064,306	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