

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 11:34 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014 Time: 11:34 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ELKHART GENERAL HOSPITAL (150018) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-203,432	104,555	118,116	0	1.00
2.00 Subprovider - IPF	0	27,565	0		0	2.00
3.00 Subprovider - IRF	0	2,534	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-173,333	104,555	118,116	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 10:42 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 EAST BLVD			PO Box:							1.00	
2.00	City: ELKHART			State: IN		Zip Code: 46514		County: ELKHART			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	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ELKHART GENERAL HOSPITAL	150018	21140	1	01/01/1966	N	P	P	3.00	
4.00	Subprovider - IPF		ELKHART PSYCH	15S018	21140	4	01/01/1990	N	P	P	4.00	
5.00	Subprovider - IRF		ELKHART REHAB	15T018	21140	5	01/01/1993	N	P	P	5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF										7.00	
8.00	Swing Beds - NF										8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,325	1,970	365	0	3,449	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.			181	0	0	0	130			25.00	
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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

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		V 1.00		XIX 2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0			0 118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		15H013	140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08001			
142.00	Street: 615 N MICHIGAN ST	PO Box:					
143.00	City: SOUTH BEND	State: IN		Zip Code: 46601			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00			
				2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				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)					168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	
				Beginning		Ending	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 10:42 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	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.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	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
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/03/2014	Y
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
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
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	REALLOCATIONS FOR CORRECT CTC RATIO	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150018

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2014 10:42 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	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.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	THOMAS		BRANSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ELKHART GENERAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-647-3843		TBRANSON@EGH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/03/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information

Provider CCN: 150018

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

Worksheet S-2
Part IX
Date/Time Prepared:
5/28/2014 10:42 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 10:42 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	208	75,920	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)		208	75,920	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE	31.01	8	2,920	0.00	0	8.01
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	13.00
14.00 Total (see instructions)		240	87,600	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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)		270				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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 10:42 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,368	3,949	39,557			1.00
2.00 HMO and other (see instructions)	5,928	5,784				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	130				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)	18,368	3,949	39,557			7.00
8.00 INTENSIVE CARE UNIT	1,808	0	4,484			8.00
8.01 NEONATAL INTENSIVE CARE	0	0	657			8.01
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	2,935			13.00
14.00 Total (see instructions)	20,176	3,949	47,633	0.00	1,360.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	455	311	1,194	0.00	12.84	16.00
17.00 SUBPROVIDER - IRF	1,641	181	3,071	0.00	17.94	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,391.28	27.00
28.00 Observation Bed Days		0	5,600			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			424			30.00
31.00 Employee discount days - IRF			9			31.00
32.00 Labor & delivery days (see instructions)	0	376	534			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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 10:42 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,364	2,735	11,147	1.00
2.00	HMO and other (see instructions)			1,231			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
8.01	NEONATAL INTENSIVE CARE						8.01
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	4,364	2,735	11,147	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	61	30	200	16.00
17.00	SUBPROVIDER - IRF	0.00	0	141	21	259	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					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: 150018

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 10:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	94,009,823	0	94,009,823	3,328,344.00	28.25
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		132,648	0	132,648	1,484.00	89.39
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		285,006	-145,503	139,503	1,688.00	82.64
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		8,103,811	0	8,103,811	158,277.00	51.20
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,876,786	43,820	21,920,606	572,272.00	38.30
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,050,637	0	2,050,637	28,868.00	71.03
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		229,724	0	229,724	1,995.00	115.15
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)		29,414,881	0	29,414,881		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,870,776	0	5,870,776		
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		16,077	0	16,077		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		18,287	0	18,287		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,144	0	1,144	415.00	2.76
27.00	Administrative & General	5.00	7,884,374	0	7,884,374	283,391.00	27.82
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,509,664	0	1,509,664	58,309.00	25.89
31.00	Laundry & Linen Service	8.00	903,148	0	903,148	70,506.00	12.81
32.00	Housekeeping	9.00	1,679,402	0	1,679,402	140,849.00	11.92
33.00	Housekeeping under contract (see instructions)		125,483	0	125,483	2,080.00	60.33
34.00	Dietary	10.00	1,772,779	-644,296	1,128,483	67,456.00	16.73
35.00	Dietary under contract (see instructions)		491,427	0	491,427	14,560.00	33.75
36.00	Cafeteria	11.00	41,157	644,296	685,453	55,945.00	12.25
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,198,049	-477,613	2,720,436	84,313.00	32.27
39.00	Central Services and Supply	14.00	649,930	0	649,930	38,597.00	16.84
40.00	Pharmacy	15.00	3,744,315	-3,226,254	518,061	2,080.00	249.07
41.00	Medical Records & Medical Records Library	16.00	1,927,414	0	1,927,414	93,994.00	20.51

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 10:42 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Soci al Servi ce	17.00	1,226,916	-43,820	1,183,096	36,302.00	32.59	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 10:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	86,237,916	145,503	86,383,419	3,185,019.00	27.12	1.00
2.00	Excluded area salaries (see instructions)	21,876,786	43,820	21,920,606	572,272.00	38.30	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,361,130	101,683	64,462,813	2,612,747.00	24.67	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,280,361	0	2,280,361	30,863.00	73.89	4.00
5.00	Subtotal wage-related costs (see inst.)	29,430,958	0	29,430,958	0.00	45.66	5.00
6.00	Total (sum of lines 3 thru 5)	96,072,449	101,683	96,174,132	2,643,610.00	36.38	6.00
7.00	Total overhead cost (see instructions)	25,155,202	-3,747,687	21,407,515	948,797.00	22.56	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 10:42 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,621,464	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,540,445	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		22,700	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		16,914,085	8.00
9.00	Prescription Drug Plan		6,274,194	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		189,679	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		143,905	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		229,575	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,274,194	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		47,133	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		62,647	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		35,320,021	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS		887,001	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150018

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 10:42 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 10:42 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.297881	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		39,415,865		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		73,527,240		6.00	
7.00	Medicaid cost (line 1 times line 6)		21,902,368		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		14,606,735	2,377,376	16,984,111	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,351,069	708,175	5,059,244	21.00
22.00	Partial payment by patients approved for charity care		57,823	35,332	93,155	22.00
23.00	Cost of charity care (line 21 minus line 22)		4,293,246	672,843	4,966,089	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)		23,515,544			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		752,830			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		22,762,714			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,780,580			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,746,669			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,746,669			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 5/28/2014 10:42 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	7,585,153	7,585,153	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,071,583	13,071,583	-3,085,512	9,986,071	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,144	29,997,602	29,998,746	0	29,998,746	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,884,374	33,593,057	41,477,431	-910,674	40,566,757	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,509,664	7,734,206	9,243,870	-2,436,174	6,807,696	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	903,148	1,707,798	2,610,946	-416,599	2,194,347	8.00
9.00	00900	HOUSEKEEPING	1,679,402	609,674	2,289,076	-129,553	2,159,523	9.00
10.00	01000	DIETARY	1,772,779	1,818,764	3,591,543	-1,767,294	1,824,249	10.00
11.00	01100	CAFETERIA	41,157	192	41,349	1,755,476	1,796,825	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,198,049	2,870,542	6,068,591	-540,341	5,528,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	649,930	232,983	882,913	37,517	920,430	14.00
15.00	01500	PHARMACY	3,744,315	8,744,213	12,488,528	-11,877,919	610,609	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,927,414	673,387	2,600,801	-438,052	2,162,749	16.00
17.00	01700	SOCIAL SERVICE	1,226,916	514,736	1,741,652	-44,854	1,696,798	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	163,325	80,639	243,964	-1,599	242,365	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,518,989	2,127,482	17,646,471	-1,029,438	16,617,033	30.00
31.00	03100	INTENSIVE CARE UNIT	4,141,683	1,454,336	5,596,019	-532,626	5,063,393	31.00
31.01	03101	NEONATAL INTENSIVE CARE	554,395	105,644	660,039	0	660,039	31.01
40.00	04000	SUBPROVIDER - I/PF	682,870	49,876	732,746	37,356	770,102	40.00
41.00	04100	SUBPROVIDER - I/RF	1,051,111	105,647	1,156,758	-17,898	1,138,860	41.00
43.00	04300	NURSERY	704,332	135,155	839,487	345,932	1,185,419	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,370,572	21,042,042	26,412,614	-20,079,045	6,333,569	50.00
51.00	05100	RECOVERY ROOM	2,184,684	548,962	2,733,646	-376,522	2,357,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,222,477	268,337	1,490,814	-1,022	1,489,792	52.00
53.00	05300	ANESTHESIOLOGY	32,759	4,608,921	4,641,680	-379,100	4,262,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,823,557	274,424	2,097,981	92,471	2,190,452	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	544,260	778,671	1,322,931	175,334	1,498,265	54.01
54.02	05402	BREAST CENTER	569,024	141,400	710,424	0	710,424	54.02
54.03	05403	RADIATION ONCOLOGY	784,730	197,171	981,901	246,274	1,228,175	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOLOGY-SOTOPE	254,388	351,526	605,914	-190,815	415,099	56.00
56.01	05601	ULTRASOUND	590,621	34,143	624,764	0	624,764	56.01
57.00	05700	CT SCAN	755,049	202,820	957,869	370,212	1,328,081	57.00
58.00	05800	MRI	395,424	167,530	562,954	280,177	843,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,089,694	6,147,013	7,236,707	-5,465,676	1,771,031	59.00
60.00	06000	LABORATORY	0	10,303,021	10,303,021	-269,043	10,033,978	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	126	1,595,150	1,595,276	0	1,595,276	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,005,613	341,945	1,347,558	-317,671	1,029,887	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,991,198	526,244	3,517,442	-104,312	3,413,130	65.00
66.00	06600	PHYSICAL THERAPY	1,002,512	42,243	1,044,755	3,953	1,048,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	491,980	4,219	496,199	-64	496,135	67.00
68.00	06800	SPEECH PATHOLOGY	194,248	119,841	314,089	0	314,089	68.00
69.00	06900	ELECTROCARDIOLOGY	220,840	10,090	230,930	0	230,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,284,462	24,284,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,097,538	10,097,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,961,978	11,961,978	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	511,163	116,656	627,819	6,935	634,754	90.00
91.00	09100	EMERGENCY	4,640,427	2,098,660	6,739,087	-429,435	6,309,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,790,449	1,790,449	-1,790,449	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,030,343	157,338,994	231,369,337	4,649,081	236,018,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,317,453	13,638,632	30,956,085	-1,586,914	29,369,171	192.00
192.01	19201	HOSPITAL BASED CLINIC	434,795	1,436,121	1,870,916	-54,983	1,815,933	192.01
192.02	19202	OUTPATIENT PSYCH	1,783,764	397,313	2,181,077	-140,046	2,041,031	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	443,468	3,104,707	3,548,175	-2,867,138	681,037	194.00
200.00		TOTAL (SUM OF LINES 118-199)	94,009,823	175,915,767	269,925,590	0	269,925,590	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	184,593	7,769,746	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	679,176	10,665,247	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	29,998,746	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,339,801	38,226,956	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-62,981	6,744,715	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,194,347	8.00
9.00	00900	HOUSEKEEPING	-2,400	2,157,123	9.00
10.00	01000	DIETARY	-130,263	1,693,986	10.00
11.00	01100	CAFETERIA	-856,559	940,266	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,000	5,527,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	920,430	14.00
15.00	01500	PHARMACY	-172,676	437,933	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-106,898	2,055,851	16.00
17.00	01700	SOCIAL SERVICE	-102,193	1,594,605	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-192,375	49,990	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,351,722	15,265,311	30.00
31.00	03100	INTENSIVE CARE UNIT	-594,332	4,469,061	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	660,039	31.01
40.00	04000	SUBPROVIDER - IPF	0	770,102	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,138,860	41.00
43.00	04300	NURSERY	0	1,185,419	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-10,157	6,323,412	50.00
51.00	05100	RECOVERY ROOM	0	2,357,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-353	1,489,439	52.00
53.00	05300	ANESTHESIOLOGY	-4,098,351	164,229	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-12,449	2,178,003	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	1,498,265	54.01
54.02	05402	BREAST CENTER	0	710,424	54.02
54.03	05403	RADIATION ONCOLOGY	0	1,228,175	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	415,099	56.00
56.01	05601	ULTRASOUND	0	624,764	56.01
57.00	05700	CT SCAN	0	1,328,081	57.00
58.00	05800	MRI	0	843,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,310	1,766,721	59.00
60.00	06000	LABORATORY	0	10,033,978	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,595,276	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,029,887	64.00
64.01	06401	HOME INFUSION	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	-8,390	3,404,740	65.00
66.00	06600	PHYSICAL THERAPY	-3,322	1,045,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	496,135	67.00
68.00	06800	SPEECH PATHOLOGY	0	314,089	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,649	229,281	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,284,462	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,097,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,961,978	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,568	632,186	90.00
91.00	09100	EMERGENCY	-38,939	6,270,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,229,919	226,788,499	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	29,369,171	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	1,815,933	192.01
192.02	19202	OUTPATIENT PSYCH	0	2,041,031	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	681,037	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,229,919	260,695,671	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W Date/Time Prepared: 5/28/2014 10:42 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	NEONATAL INTENSIVE CARE	03101		31.01
40.00	SUBPROVIDER - I/PF	04000		40.00
41.00	SUBPROVIDER - I/RF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	INTERVENTIONAL RADIOLOGY	05401		54.01
54.02	BREAST CENTER	05402		54.02
54.03	RADIATION ONCOLOGY	05403		54.03
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
56.01	ULTRASOUND	05601		56.01
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
64.01	HOME INFUSION	06401		64.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150018

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	HOSPITAL BASED CLINIC	19201		192.01
192.02	OUTPATIENT PSYCH	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 10:42 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	352,369	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,618	2.00
	TOTALS		0	364,987	
B - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,790,449	1.00
	TOTALS		0	1,790,449	
C - DIETARY					
1.00	CAFETERIA	11.00	644,296	1,111,180	1.00
	TOTALS		644,296	1,111,180	
D - CASE MANAGEMENT					
1.00	SUBPROVIDER - IPF	40.00	43,820	0	1.00
	TOTALS		43,820	0	
E - SERVICE CONTRACTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00		46,117	1.00
2.00	PHARMACY	15.00		100,776	2.00
3.00	ADULTS & PEDIATRICS	30.00		10,971	3.00
4.00	OPERATING ROOM	50.00		71,084	4.00
5.00	ANESTHESIOLOGY	53.00		3,417	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		297,704	6.00
7.00	INTERVENTIONAL RADIOLOGY	54.01		175,334	7.00
8.00	RADIATION ONCOLOGY	54.03		246,274	8.00
9.00	RADIOISOTOPE	56.00		135,780	9.00
10.00	CT SCAN	57.00		386,429	10.00
11.00	MRI	58.00		291,569	11.00
12.00	CARDIAC CATHETERIZATION	59.00		411,846	12.00
13.00	RESPIRATORY THERAPY	65.00		85,584	13.00
14.00	PHYSICAL THERAPY	66.00		6,235	14.00
15.00	CLINIC	90.00		7,040	15.00
16.00	EMERGENCY	91.00		3,416	16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00		68,433	17.00
	TOTALS		0	2,348,009	
G - PHYS PRACTICE					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	85,995	1.00
	TOTALS		0	85,995	
H - NURSERY					
1.00	NURSERY	43.00	95,975	250,587	1.00
	TOTALS		95,975	250,587	
I - ONCOLOGY					
1.00	ADULTS & PEDIATRICS	30.00	378,315	44,858	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	99,298	11,775	2.00
	TOTALS		477,613	56,633	
M - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,735,724	1.00
	TOTALS		0	8,735,724	
N - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	537,142	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,542,995	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
	TOTALS		0	2,080,137	
O - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,284,462	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,097,538	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	34,382,000		
	P - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		4,905,193		1.00
	TOTALS		0	4,905,193		
	Q - LAB					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	264,068		1.00
	TOTALS		0	264,068		
	R - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,226,254	0		1.00
	TOTALS		3,226,254	0		
500.00	Grand Total: Increases		4,487,958	56,374,962		500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 10:42 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	364,987	12	1.00	
2.00		0.00	0	0	12	2.00	
	TOTALS		0	364,987			
B - INTEREST							
1.00	INTEREST EXPENSE	113.00		1,790,449	11	1.00	
	TOTALS		0	1,790,449			
C - DIETARY							
1.00	DIETARY	10.00	644,296	1,111,180	0	1.00	
	TOTALS		644,296	1,111,180			
D - CASE MANAGEMENT							
1.00	SOCIAL SERVICE	17.00	43,820	0	0	1.00	
	TOTALS		43,820	0			
E - SERVICE CONTRACTS							
1.00	OPERATION OF PLANT	7.00	0	2,348,009	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
	TOTALS		0	2,348,009			
G - PHYS PRACTICE							
1.00	OPERATION OF PLANT	7.00	0	85,995	0	1.00	
	TOTALS		0	85,995			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	95,975	250,587	0	1.00	
	TOTALS		95,975	250,587			
I - ONCOLOGY							
1.00	NURSING ADMINISTRATION	13.00	477,613	56,633	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		477,613	56,633			
M - DRUGS CHARGED							
1.00	PHARMACY	15.00	0	8,735,724	0	1.00	
	TOTALS		0	8,735,724			
N - RENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	373,350	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	191	10	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	415,520	0	3.00	
4.00	HOUSEKEEPING	9.00	0	125,483	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,600	0	5.00	
6.00	PHARMACY	15.00	0	16,717	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	437,159	0	7.00	
8.00	OPERATING ROOM	50.00	0	39,116	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	127,187	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	747	0	10.00	
11.00	EMERGENCY	91.00	0	2,000	0	11.00	
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	422,374	0	12.00	
13.00	OUTPATIENT PSYCH	192.02	0	111,693	0	13.00	
	TOTALS		0	2,080,137			
O - SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	172,337	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,979	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	1,079	0	3.00	
4.00	HOUSEKEEPING	9.00	0	4,070	0	4.00	
5.00	DIETARY	10.00	0	11,818	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	6,095	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	893	0	7.00	
8.00	SOCIAL SERVICE	17.00	0	1,034	0	8.00	
9.00	PARAMED PRGM-(SPECIFY)	23.00	0	1,599	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	1,117,020	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	454,675	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	77,951	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	6,464	0	13.00	

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
14.00	SUBPROVIDER - IRF	41.00	0	17,898	0		14.00
15.00	NURSERY	43.00	0	630	0		15.00
16.00	OPERATING ROOM	50.00	0	20,111,013	0		16.00
17.00	RECOVERY ROOM	51.00	0	376,522	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,022	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	382,517	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,317	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	137,311	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,757	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,734	0		23.00
24.00	RADIOISOTOPE	56.00	0	325,543	0		24.00
25.00	RADIOISOTOPE	56.00	0	1,052	0		25.00
26.00	CT SCAN	57.00	0	16,217	0		26.00
27.00	MRI	58.00	0	11,392	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	5,877,522	0		28.00
29.00	LABORATORY	60.00	0	4,975	0		29.00
30.00	INTRAVENOUS THERAPY	64.00	0	317,671	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	189,149	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	2,282	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	64	0		33.00
34.00	CLINIC	90.00	0	105	0		34.00
35.00	EMERGENCY	91.00	0	430,851	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,318,968	0		36.00
37.00	HOSPITAL BASED CLINIC	192.01	0	54,983	0		37.00
38.00	OUTPATIENT PSYCH	192.02	0	28,353	0		38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	2,867,138	0		39.00
	TOTALS		0	34,382,000			
P - DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		4,905,193	9		1.00
	TOTALS		0	4,905,193			
Q - LAB							
1.00	LABORATORY	60.00	0	264,068	14		1.00
	TOTALS		0	264,068			
R - PHARMACY							
1.00	PHARMACY	15.00	3,226,254	0	0		1.00
	TOTALS		3,226,254	0			
500.00	Grand Total: Decreases		4,487,958	56,374,962			500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2014 10:42 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	
B - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		TOTALS		0	
C - DIETARY						
1.00	CAFETERIA	11.00	DIETARY	10.00	644,296	1.00
	TOTALS		TOTALS		644,296	
D - CASE MANAGEMENT						
1.00	SUBPROVIDER - IPF	40.00	SOCIAL SERVICE	17.00	43,820	1.00
	TOTALS		TOTALS		43,820	
E - SERVICE CONTRACTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	OPERATION OF PLANT	7.00	0	1.00
2.00	PHARMACY	15.00		0.00	0	2.00
3.00	ADULTS & PEDIATRICS	30.00		0.00	0	3.00
4.00	OPERATING ROOM	50.00		0.00	0	4.00
5.00	ANESTHESIOLOGY	53.00		0.00	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		0.00	0	6.00
7.00	INTERVENTIONAL RADIOLOGY	54.01		0.00	0	7.00
8.00	RADIATION ONCOLOGY	54.03		0.00	0	8.00
9.00	RADIOISOTOPE	56.00		0.00	0	9.00
10.00	CT SCAN	57.00		0.00	0	10.00
11.00	MRI	58.00		0.00	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00		0.00	0	12.00
13.00	RESPIRATORY THERAPY	65.00		0.00	0	13.00
14.00	PHYSICAL THERAPY	66.00		0.00	0	14.00
15.00	CLINICAL	90.00		0.00	0	15.00
16.00	EMERGENCY	91.00		0.00	0	16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00		0.00	0	17.00
	TOTALS		TOTALS		0	
G - PHYS PRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	OPERATION OF PLANT	7.00	0	1.00
	TOTALS		TOTALS		0	
H - NURSERY						
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00	95,975	1.00
	TOTALS		TOTALS		95,975	
I - ONCOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	NURSING ADMINISTRATION	13.00	477,613	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		0.00	0	2.00
	TOTALS		TOTALS		477,613	
M - DRUGS CHARGED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
N - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	LAUNDRY & LINEN SERVICE	8.00	0	3.00
4.00		0.00	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00		0.00	PHARMACY	15.00	0	6.00
7.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	7.00
8.00		0.00	OPERATING ROOM	50.00	0	8.00
9.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9.00
10.00		0.00	RESPIRATORY THERAPY	65.00	0	10.00
11.00		0.00	EMERGENCY	91.00	0	11.00
12.00		0.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12.00
13.00		0.00	OUTPATIENT PSYCH	192.02	0	13.00
	TOTALS		TOTALS		0	
O - SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	LAUNDRY & LINEN SERVICE	8.00	0	3.00
4.00		0.00	HOUSEKEEPING	9.00	0	4.00
5.00		0.00	DIETARY	10.00	0	5.00
6.00		0.00	NURSING ADMINISTRATION	13.00	0	6.00
7.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	7.00
8.00		0.00	SOCIAL SERVICE	17.00	0	8.00
9.00		0.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	9.00
10.00		0.00	ADULTS & PEDIATRICS	30.00	0	10.00
11.00		0.00	INTENSIVE CARE UNIT	31.00	0	11.00

Provider CCN: 150018

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2014 10:42 am

Increases				Decreases				
Cost Center	Line #	Salary		Cost Center	Line #	Salary		
2.00	3.00	4.00		6.00	7.00	8.00		
12.00		0.00		O INTENSIVE CARE UNIT	31.00	0	12.00	
13.00		0.00		O SUBPROVIDER - IPF	40.00	0	13.00	
14.00		0.00		O SUBPROVIDER - IRF	41.00	0	14.00	
15.00		0.00		O NURSERY	43.00	0	15.00	
16.00		0.00		O OPERATING ROOM	50.00	0	16.00	
17.00		0.00		O RECOVERY ROOM	51.00	0	17.00	
18.00		0.00		O DELIVERY ROOM & LABOR ROOM	52.00	0	18.00	
19.00		0.00		O ANESTHESIOLOGY	53.00	0	19.00	
20.00		0.00		O RADIOLOGY-DIAGNOSTIC	54.00	0	20.00	
21.00		0.00		O RADIOLOGY-DIAGNOSTIC	54.00	0	21.00	
22.00		0.00		O RADIOLOGY-DIAGNOSTIC	54.00	0	22.00	
23.00		0.00		O RADIOLOGY-DIAGNOSTIC	54.00	0	23.00	
24.00		0.00		O RADIOISOTOPE	56.00	0	24.00	
25.00		0.00		O RADIOISOTOPE	56.00	0	25.00	
26.00		0.00		O CT SCAN	57.00	0	26.00	
27.00		0.00		O MRI	58.00	0	27.00	
28.00		0.00		O CARDIAC CATHETERIZATION	59.00	0	28.00	
29.00		0.00		O LABORATORY	60.00	0	29.00	
30.00		0.00		O INTRAVENOUS THERAPY	64.00	0	30.00	
31.00		0.00		O RESPIRATORY THERAPY	65.00	0	31.00	
32.00		0.00		O PHYSICAL THERAPY	66.00	0	32.00	
33.00		0.00		O OCCUPATIONAL THERAPY	67.00	0	33.00	
34.00		0.00		O CLINIC	90.00	0	34.00	
35.00		0.00		O EMERGENCY	91.00	0	35.00	
36.00		0.00		O PHYSICIANS' PRIVATE OFFICES	192.00	0	36.00	
37.00		0.00		O HOSPITAL BASED CLINIC	192.01	0	37.00	
38.00		0.00		O OUTPATIENT PSYCH	192.02	0	38.00	
39.00		0.00		O OTHER NONREIMBURSABLE COST CENTERS	194.00	0	39.00	
TOTALS				TOTALS				0
P - DEPRECIATION								
1.00			1.00	CAP REL COSTS-MVBLE EQUIP	2.00		1.00	
TOTALS				TOTALS				0
Q - LAB								
1.00			2.00	O LABORATORY	60.00		1.00	
TOTALS				TOTALS				0
R - PHARMACY								
1.00		73.00	3,226,254	PHARMACY	15.00	3,226,254	1.00	
TOTALS				TOTALS				3,226,254
500.00	Grand Total: Increases		4,487,958	Grand Total: Decreases		4,487,958	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 10:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,613,581	3,507,036	0	3,507,036	1,613,581	1.00
2.00	Land Improvements	1,124,214	597,914	0	597,914	1,124,214	2.00
3.00	Buildings and Fixtures	166,091,767	123,124,927	0	123,124,927	166,091,767	3.00
4.00	Building Improvements	0	48,565,032	0	48,565,032	8,325	4.00
5.00	Fixed Equipment	60,018,495	61,283,751	0	61,283,751	60,056,219	5.00
6.00	Movable Equipment	0	12,875,277	0	12,875,277	-1,637,444	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,848,057	249,953,937	0	249,953,937	227,256,662	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,848,057	249,953,937	0	249,953,937	227,256,662	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,507,036	0				1.00
2.00	Land Improvements	597,914	0				2.00
3.00	Buildings and Fixtures	123,124,927	0				3.00
4.00	Building Improvements	48,556,707	0				4.00
5.00	Fixed Equipment	61,246,027	0				5.00
6.00	Movable Equipment	14,512,721	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	251,545,332	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	251,545,332	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,071,583	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,071,583	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,071,583				2.00
3.00	Total (sum of lines 1-2)	0	13,071,583				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	237,033,511	0	237,033,511	0.942274	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,521,321	0	14,521,321	0.057726	0	2.00
3.00	Total (sum of lines 1-2)	251,554,832	0	251,554,832	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,905,193	656,498	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,166,390	2,222,171	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,071,583	2,878,669	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,855,686	352,369	0	0	7,769,746	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,618	0	264,068	10,665,247	2.00
3.00	Total (sum of lines 1-2)	1,855,686	364,987	0	264,068	18,434,993	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,024,707					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	-368,772					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-856,232	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	-172,375	PHARMACY		15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-106,898	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	UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 TELEVISION EXPENSE	A	-40,695	ADMINISTRATIVE & GENERAL		5.00		0	33.00
34.00 PHYSICIAN RECRUITMENT	A	-627,258	ADMINISTRATIVE & GENERAL		5.00		0	34.00

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
 5/28/2014 10:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
35.00 MEALS ON WHEELS EXPENSE	A	-130,263	DIETARY	10.00	0 35.00
36.00 LOBBYING EXPENSES	A	-8,051	ADMINISTRATIVE & GENERAL	5.00	0 36.00
37.00 INTEREST RECEIVED ON A/R	A	-42,840	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 NSF CHARGES	A	-420	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00 DELI ARCADE	A	297	CAFETERIA	11.00	0 39.00
40.00 MEDICAL STAFF DUES	B	-90,925	ADMINISTRATIVE & GENERAL	5.00	0 40.00
42.00 PAYPHONE REVENUE	B	-441	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00 COMMUNICATIONS	B	-6,348	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00 ADVOCACY REVENUE	B	-349,046	ADMINISTRATIVE & GENERAL	5.00	0 44.00
45.00 EMS REVENUE	B	-192,375	PARAMED ED PRGM-(SPECIFY)	23.00	0 45.00
47.00 CATERING REVENUE	B	-624	CAFETERIA	11.00	0 47.00
49.00 ENVIRONMENTAL SERVICES	B	-2,400	HOUSEKEEPING	9.00	0 49.00
49.01 PLANT MAINT. MISC. REVENUE	B	-6,543	OPERATION OF PLANT	7.00	0 49.01
49.02 RIVERPOINT PLANT MAINT.	B	-56,438	OPERATION OF PLANT	7.00	0 49.02
49.03 PHYSICAL THERAPY MISC. REVENUE	B	-3,322	PHYSICAL THERAPY	66.00	0 49.03
49.04 RESPIRATORY RIVERPOINT REVENUE	B	-104	RESPIRATORY THERAPY	65.00	0 49.04
49.05 CCL - CARDIOVASCULAR LAB REVENUE	B	-496	ELECTROCARDIOLOGY	69.00	0 49.05
49.06 IMAGING SERVICES REVENUE	B	-3,115	RADIOLOGY-DIAGNOSTIC	54.00	0 49.06
49.08 DIAGNOSTIC CARDIOLOGY MISC. REVENUE	B	-300	RESPIRATORY THERAPY	65.00	0 49.08
49.09 NURSING ADMIN. MISC. REVENUE	B	-1,000	NURSING ADMINISTRATIVE	13.00	0 49.09
49.10 COMPLEMENTARY TAXI EXPENSE	A	-102,193	SOCIAL SERVICE	17.00	0 49.10
49.11 INVESTMENT INCOME	B	65,237	CAP REL COSTS-BLDG & FIXT	1.00	11 49.11
49.22 LACTATION SUPPLIES SALES REVENUE	B	-353	DELIVERY ROOM & LABOR ROOM	52.00	0 49.22
49.23 WOMENS' SERVICES MISC. REVENUE	B	-2,568	CLINIC	90.00	0 49.23
49.24 PHYSICIAN GUARANTEE	A	-4,098,351	ANESTHESIOLOGY	53.00	0 49.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,229,919			50.00

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

Provider CCN: 150018

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 10:42 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAPITAL - BU	119,356	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE NEW CAPITAL- EQU	679,176	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-CAPITAL COST	14,135,752	0
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-ALLOWABLE	0	15,303,056
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,934,284	15,303,056

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

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

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

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

6.00	B	MEM HEALTH SYS	30.80		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150018

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 10:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	119,356	10		1.00
2.00	679,176	10		2.00
3.00	14,135,752	0		3.00
4.00	-15,303,056	0		4.00
5.00	-368,772			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 10:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	16,500	0	16,500	171,400	170	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	7,813	0	7,813	171,400	63	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	2,588	0	2,588	150,200	17	3.00
4.00	15.00	PHARMACY	466	0	466	171,400	2	4.00
5.00	66.00	PHYSICAL THERAPY	6,000	0	6,000	171,400	367	5.00
6.00	69.00	ELECTROCARDIOLOGY	1,281	0	1,281	171,400	6	6.00
7.00	69.00	ELECTROCARDIOLOGY	943	0	943	171,400	7	7.00
8.00	65.00	RESPIRATORY THERAPY	4,665	0	4,665	171,400	49	8.00
9.00	65.00	RESPIRATORY THERAPY	25,000	0	25,000	171,400	221	9.00
10.00	65.00	RESPIRATORY THERAPY	900	0	900	171,400	4	10.00
11.00	59.00	CARDIAC CATHETERIZATION	6,370	0	6,370	171,400	25	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	21,000	0	21,000	231,100	105	12.00
13.00	50.00	OPERATING ROOM	22,423	0	22,423	204,100	125	13.00
14.00	91.00	EMERGENCY	100,000	0	100,000	171,400	741	14.00
15.00	30.00	ADULTS & PEDIATRICS	13,775	0	13,775	194,500	95	15.00
16.00	30.00	ADULTS & PEDIATRICS	1,346,830	1,346,830	0	0	0	16.00
17.00	31.00	INTENSIVE CARE UNIT	594,332	594,332	0	0	0	17.00
200.00			2,170,886	1,941,162	229,724		1,997	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	14,009	700	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	5,191	260	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	1,228	61	0	0	0	3.00
4.00	15.00	PHARMACY	165	8	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	30,242	1,512	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	494	25	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	577	29	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	4,038	202	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	18,211	911	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	330	17	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	2,060	103	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	11,666	583	0	0	0	12.00
13.00	50.00	OPERATING ROOM	12,266	613	0	0	0	13.00
14.00	91.00	EMERGENCY	61,061	3,053	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	8,883	444	0	0	0	15.00
16.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	16.00
17.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	17.00
200.00			170,421	8,521	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	14,009	2,491	2,491		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	5,191	2,622	2,622		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	1,228	1,360	1,360		3.00
4.00	15.00	PHARMACY	0	165	301	301		4.00
5.00	66.00	PHYSICAL THERAPY	0	30,242	0	0		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	494	787	787		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	577	366	366		7.00
8.00	65.00	RESPIRATORY THERAPY	0	4,038	627	627		8.00
9.00	65.00	RESPIRATORY THERAPY	0	18,211	6,789	6,789		9.00
10.00	65.00	RESPIRATORY THERAPY	0	330	570	570		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	2,060	4,310	4,310		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	11,666	9,334	9,334		12.00
13.00	50.00	OPERATING ROOM	0	12,266	10,157	10,157		13.00
14.00	91.00	EMERGENCY	0	61,061	38,939	38,939		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	8,883	4,892	4,892		15.00
16.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,346,830		16.00
17.00	31.00	INTENSIVE CARE UNIT	0	0	0	594,332		17.00
200.00			0	170,421	83,545	2,024,707		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,769,746	7,769,746			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,665,247		10,665,247		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	29,998,746	23,442	4,501	30,026,689	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,226,956	522,956	4,363,290	2,518,293	45,631,495
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	6,744,715	1,534,816	885,938	482,191	9,647,660
8.00	00800	LAUNDRY & LINEN SERVICE	2,194,347	160,751	119,750	288,468	2,763,316
9.00	00900	HOUSEKEEPING	2,157,123	48,143	33,611	536,406	2,775,283
10.00	01000	DIETARY	1,693,986	123,606	33,228	360,441	2,211,261
11.00	01100	CAFETERIA	940,266	47,336	924	218,936	1,207,462
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,527,250	31,724	44,614	868,915	6,472,503
14.00	01400	CENTRAL SERVICES & SUPPLY	920,430	132,525	36,896	207,590	1,297,441
15.00	01500	PHARMACY	437,933	46,785	173,368	165,470	823,556
16.00	01600	MEDICAL RECORDS & LIBRARY	2,055,851	44,436	21,642	615,622	2,737,551
17.00	01700	SOCIAL SERVICE	1,594,605	0	53	377,884	1,972,542
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	49,990	3,059	2,665	52,166	107,880
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,265,311	1,353,099	771,795	5,046,992	22,437,197
31.00	03100	INTENSIVE CARE UNIT	4,469,061	136,869	50,299	1,322,866	5,979,095
31.01	03101	NEONATAL INTENSIVE CARE	660,039	28,507	5,602	177,075	871,223
40.00	04000	SUBPROVIDER - I/PF	770,102	133,504	33,672	232,107	1,169,385
41.00	04100	SUBPROVIDER - I/RF	1,138,860	116,229	23,024	335,728	1,613,841
43.00	04300	NURSERY	1,185,419	91,503	13,018	255,620	1,545,560
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,323,412	569,570	750,051	1,715,377	9,358,410
51.00	05100	RECOVERY ROOM	2,357,124	99,737	118,939	697,795	3,273,595
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,489,439	150,669	25,004	390,463	2,055,575
53.00	05300	ANESTHESIOLOGY	164,229	6,974	87,688	10,463	269,354
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,178,003	140,062	438,312	614,166	3,370,543
54.01	05401	INTERVENTIONAL RADIOLOGY	1,498,265	26,366	60,380	173,838	1,758,849
54.02	05402	BREAST CENTER	710,424	41,500	33,767	181,748	967,439
54.03	05403	RADIATION ONCOLOGY	1,228,175	166,036	67,984	250,645	1,712,840
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	415,099	19,306	6,467	81,252	522,124
56.01	05601	ULTRASOUND	624,764	5,922	16,314	188,646	835,646
57.00	05700	CT SCAN	1,328,081	86,853	324,393	241,165	1,980,492
58.00	05800	MRI	843,131	0	173,126	126,300	1,142,557
59.00	05900	CARDIAC CATHETERIZATION	1,766,721	49,819	383,039	348,052	2,547,631
60.00	06000	LABORATORY	10,033,978	66,422	699	0	10,101,099
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,595,276	0	44	40	1,595,360
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,029,887	23,894	722	321,196	1,375,699
64.01	06401	HOME INFUSION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,404,740	132,880	106,863	955,398	4,599,881
66.00	06600	PHYSICAL THERAPY	1,045,386	58,457	14,170	320,205	1,438,218
67.00	06700	OCCUPATIONAL THERAPY	496,135	29,180	7,414	157,140	689,869
68.00	06800	SPEECH PATHOLOGY	314,089	17,495	131	62,043	393,758
69.00	06900	ELECTROCARDIOLOGY	229,281	40,741	9,025	70,537	349,584
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,284,462	0	0	0	24,284,462
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,097,538	0	0	0	10,097,538
73.00	07300	DRUGS CHARGED TO PATIENTS	11,961,978	0	0	1,030,475	12,992,453
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	632,186	65,394	8,901	163,267	869,748
91.00	09100	EMERGENCY	6,270,713	167,565	901,491	1,482,166	8,821,935
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	226,788,499	6,544,132	10,152,814	23,645,147	218,668,910
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	29,369,171	330,175	464,351	5,531,282	35,694,979	192.00
192.01 19201 HOSPITAL BASED CLINIC	1,815,933	59,815	3,208	138,875	2,017,831	192.01
192.02 19202 OUTPATIENT PSYCH	2,041,031	0	11,288	569,740	2,622,059	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	681,037	835,624	33,586	141,645	1,691,892	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	260,695,671	7,769,746	10,665,247	30,026,689	260,695,671

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 10:42 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,631,495				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,047,002	0	11,694,662		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	586,309	0	330,476	3,680,101	8.00
9.00	00900	HOUSEKEEPING	588,848	0	98,974	0	3,463,105
10.00	01000	DIETARY	469,177	0	254,114	0	0
11.00	01100	CAFETERIA	256,194	0	97,314	0	37,144
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,373,310	0	65,220	0	234,580
14.00	01400	CENTRAL SERVICES & SUPPLY	275,286	0	272,450	98,304	10,082
15.00	01500	PHARMACY	174,739	0	96,182	0	10,613
16.00	01600	MEDICAL RECORDS & LIBRARY	580,843	0	91,353	0	25,593
17.00	01700	SOCIAL SERVICE	418,526	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	22,890	0	6,288	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,760,635	0	2,781,742	1,731,772	914,809
31.00	03100	INTENSIVE CARE UNIT	1,268,620	0	281,379	241,649	0
31.01	03101	NEONATAL INTENSIVE CARE	184,853	0	58,605	24,118	121,637
40.00	04000	SUBPROVIDER - I/PF	248,115	0	274,462	19,935	87,024
41.00	04100	SUBPROVIDER - I/RF	342,418	0	238,947	91,360	0
43.00	04300	NURSERY	327,931	0	188,114	83,001	110,371
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,985,630	0	1,170,940	234,547	665,167
51.00	05100	RECOVERY ROOM	694,578	0	205,042	263,775	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	436,144	0	309,751	155,374	0
53.00	05300	ANESTHESIOLOGY	57,150	0	14,337	0	31,838
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,148	0	287,944	169,657	175,108
54.01	05401	INTERVENTIONAL RADIOLOGY	373,186	0	54,203	0	0
54.02	05402	BREAST CENTER	205,267	0	85,317	40,215	0
54.03	05403	RADIATION ONCOLOGY	363,424	0	341,342	37,787	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	110,782	0	39,690	48,619	0
56.01	05601	ULTRASOUND	177,304	0	12,174	111,813	0
57.00	05700	CT SCAN	420,213	0	178,556	0	0
58.00	05800	MRI	242,423	0	0	25,804	0
59.00	05900	CARDIAC CATHETERIZATION	540,546	0	102,420	8,710	0
60.00	06000	LABORATORY	2,143,211	0	136,552	69	19,960
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	338,497	0	0	0	145,311
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	291,890	0	49,122	11,754	31,838
64.01	06401	HOME INFUSION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	975,984	0	273,179	476	25,593
66.00	06600	PHYSICAL THERAPY	305,155	0	120,178	18,564	1,714
67.00	06700	OCCUPATIONAL THERAPY	146,374	0	59,988	0	10,613
68.00	06800	SPEECH PATHOLOGY	83,546	0	35,968	0	0
69.00	06900	ELECTROCARDIOLOGY	74,173	0	83,757	26,975	7,959
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,152,580	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,142,455	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,756,687	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	184,540	0	134,439	1,063	207,354
91.00	09100	EMERGENCY	1,871,803	0	344,486	224,312	399,892
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,714,386	0	9,175,005	3,669,653	3,274,200
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,573,657	0	678,785	1,263	109,841
192.01	19201	HOSPITAL BASED CLINIC	428,135	0	122,970	9,185	68,533
192.02	19202	OUTPATIENT PSYCH	556,338	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	358,979	0	1,717,902	0	10,531
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	45,631,495	0	11,694,662	3,680,101	3,463,105

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,934,552					10.00
11.00	01100	CAFETERIA	0	1,598,114				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	68,833	0	8,214,446		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28,431	0	0	1,981,994	14.00
15.00	01500	PHARMACY	0	70,329	0	0	2	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	67,336	0	0	911	16.00
17.00	01700	SOCIAL SERVICE	0	25,438	0	0	65	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	4,489	0	0	2,833	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,387,648	436,937	0	4,007,554	31,645	30.00
31.00	03100	INTENSIVE CARE UNIT	242,721	100,256	0	1,001,652	7,135	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	13,467	0	172,412	1,063	31.01
40.00	04000	SUBPROVIDER - IPF	86,050	19,453	0	0	297	40.00
41.00	04100	SUBPROVIDER - IRF	218,133	26,935	0	234,020	1,166	41.00
43.00	04300	NURSERY	0	16,460	0	150,755	1,146	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	142,154	0	604,386	23,159	50.00
51.00	05100	RECOVERY ROOM	0	50,876	0	317,582	5,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,927	0	287,119	2,459	52.00
53.00	05300	ANESTHESIOLOGY	0	1,496	0	70	6,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,373	0	0	2,359	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	10,475	0	0	32,085	54.01
54.02	05402	BREAST CENTER	0	14,964	0	15,862	6,117	54.02
54.03	05403	RADIATION ONCOLOGY	0	13,467	0	0	1,895	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,985	0	0	327	56.00
56.01	05601	ULTRASOUND	0	13,467	0	0	1,631	56.01
57.00	05700	CT SCAN	0	17,956	0	0	8,479	57.00
58.00	05800	MRI	0	8,978	0	0	6,322	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,935	0	111,758	32,506	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	20,949	0	246,572	857	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	77,811	0	45,353	14,553	65.00
66.00	06600	PHYSICAL THERAPY	0	23,942	0	0	846	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,971	0	0	51	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,993	0	0	136	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,489	0	40,512	312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,222,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	508,385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,475	0	31,145	4,706	90.00
91.00	09100	EMERGENCY	0	143,651	0	944,508	11,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,934,552	1,563,698	0	8,211,260	1,939,100
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	25,598	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	11,971	0	3,186	13,474
192.02	19202	OUTPATIENT PSYCH	0	8,978	0	0	2,672
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	13,467	0	0	1,150
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,934,552	1,598,114	0	8,214,446	1,981,994

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	1,175,421					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,503,587				16.00
17.00 01700 SOCIAL SERVICE	0	0	2,416,571			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	144,380	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	415,989	2,010,734	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	87,262	122,858	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	0	9,980	0	0	0	31.01
40.00 04000 SUBPROVIDER - IPF	0	11,271	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	25,061	0	0	0	41.00
43.00 04300 NURSERY	0	19,982	282,979	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	373,916	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	81,047	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	37,366	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	64,868	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	56,966	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	36,276	0	0	0	54.01
54.02 05402 BREAST CENTER	0	21,741	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	62,938	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	25,918	0	0	0	56.00
56.01 05601 ULTRASOUND	0	33,737	0	0	0	56.01
57.00 05700 CT SCAN	0	213,437	0	0	0	57.00
58.00 05800 MRI	0	54,096	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	204,228	0	0	0	59.00
60.00 06000 LABORATORY	0	241,311	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	53,583	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	15,655	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	134,094	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	19,901	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	12,231	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,102	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,800	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	454,872	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	142,393	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,175,421	286,973	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	19,178	0	0	0	90.00
91.00 09100 EMERGENCY	0	197,359	0	0	144,380	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
						15.00		
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,175,421	3,419,531	2,416,571	0	144,380	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	61,757	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	22,299	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	1,175,421	3,503,587	2,416,571	0	144,380	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
23.00	02300	PARAMED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,916,662	0	41,916,662	30.00
31.00	03100	INTENSIVE CARE UNIT	9,332,627	0	9,332,627	31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,457,358	0	1,457,358	31.01
40.00	04000	SUBPROVIDER - I/PF	1,915,992	0	1,915,992	40.00
41.00	04100	SUBPROVIDER - I/RF	2,791,881	0	2,791,881	41.00
43.00	04300	NURSERY	2,726,299	0	2,726,299	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,558,309	0	14,558,309	50.00
51.00	05100	RECOVERY ROOM	4,891,861	0	4,891,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,313,715	0	3,313,715	52.00
53.00	05300	ANESTHESIOLOGY	445,386	0	445,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,830,098	0	4,830,098	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,265,074	0	2,265,074	54.01
54.02	05402	BREAST CENTER	1,356,922	0	1,356,922	54.02
54.03	05403	RADIATION ONCOLOGY	2,533,693	0	2,533,693	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	753,445	0	753,445	56.00
56.01	05601	ULTRASOUND	1,185,772	0	1,185,772	56.01
57.00	05700	CT SCAN	2,819,133	0	2,819,133	57.00
58.00	05800	MRI	1,480,180	0	1,480,180	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,574,734	0	3,574,734	59.00
60.00	06000	LABORATORY	12,642,202	0	12,642,202	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,132,751	0	2,132,751	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,044,336	0	2,044,336	64.00
64.01	06401	HOME INFUSION	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	6,146,924	0	6,146,924	65.00
66.00	06600	PHYSICAL THERAPY	1,928,518	0	1,928,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	931,097	0	931,097	67.00
68.00	06800	SPEECH PATHOLOGY	520,503	0	520,503	68.00
69.00	06900	ELECTROCARDIOLOGY	589,561	0	589,561	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,114,579	0	31,114,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,890,771	0	12,890,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,211,534	0	17,211,534	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,462,648	0	1,462,648	90.00
91.00	09100	EMERGENCY	13,103,674	0	13,103,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	206,868,239	0	206,868,239	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,145,880	0	44,145,880	192.00
192.01	19201	HOSPITAL BASED CLINIC	2,697,584	0	2,697,584	192.01
192.02	19202	OUTPATIENT PSYCH	3,190,047	0	3,190,047	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,793,921	0	3,793,921	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	260,695,671	0	260,695,671	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150018

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

Worksheet Non-CMS W

Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	6	HOURS OF SERVICE	9.00
10.00	DIETARY	7	MEALS SERVED	10.00
11.00	CAFETERIA	8	HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	9	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	10	DI RECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	14.00
15.00	PHARMACY	12	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	13	TIME SPENT	16.00
17.00	SOCIAL SERVICE	14	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	15	TIME SPENT	18.00
23.00	PARAMED ED PRGM-(SPECIFY)	16	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,442	4,501	27,943	27,943 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	522,956	4,363,290	4,886,246	2,342 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	1,534,816	885,938	2,420,754	448 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	160,751	119,750	280,501	268 8.00
9.00 00900	HOUSEKEEPING	0	48,143	33,611	81,754	499 9.00
10.00 01000	DIETARY	0	123,606	33,228	156,834	335 10.00
11.00 01100	CAFETERIA	0	47,336	924	48,260	204 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	31,724	44,614	76,338	808 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	132,525	36,896	169,421	193 14.00
15.00 01500	PHARMACY	0	46,785	173,368	220,153	154 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	44,436	21,642	66,078	572 16.00
17.00 01700	SOCIAL SERVICE	0	0	53	53	351 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,059	2,665	5,724	49 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,353,099	771,795	2,124,894	4,693 30.00
31.00 03100	INTENSIVE CARE UNIT	0	136,869	50,299	187,168	1,230 31.00
31.01 03101	NEONATAL INTENSIVE CARE	0	28,507	5,602	34,109	165 31.01
40.00 04000	SUBPROVIDER - IPF	0	133,504	33,672	167,176	216 40.00
41.00 04100	SUBPROVIDER - IRF	0	116,229	23,024	139,253	312 41.00
43.00 04300	NURSERY	0	91,503	13,018	104,521	238 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	569,570	750,051	1,319,621	1,595 50.00
51.00 05100	RECOVERY ROOM	0	99,737	118,939	218,676	649 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	150,669	25,004	175,673	363 52.00
53.00 05300	ANESTHESIOLOGY	0	6,974	87,688	94,662	10 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	140,062	438,312	578,374	571 54.00
54.01 05401	INTERVENTIONAL RADIOLOGY	0	26,366	60,380	86,746	162 54.01
54.02 05402	BREAST CENTER	0	41,500	33,767	75,267	169 54.02
54.03 05403	RADIATION ONCOLOGY	0	166,036	67,984	234,020	233 54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	19,306	6,467	25,773	76 56.00
56.01 05601	ULTRASOUND	0	5,922	16,314	22,236	175 56.01
57.00 05700	CT SCAN	0	86,853	324,393	411,246	224 57.00
58.00 05800	MRI	0	0	173,126	173,126	117 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	49,819	383,039	432,858	324 59.00
60.00 06000	LABORATORY	0	66,422	699	67,121	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	44	44	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	23,894	722	24,616	299 64.00
64.01 06401	HOME INFUSION	0	0	0	0	0 64.01
65.00 06500	RESPIRATORY THERAPY	0	132,880	106,863	239,743	888 65.00
66.00 06600	PHYSICAL THERAPY	0	58,457	14,170	72,627	298 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	29,180	7,414	36,594	146 67.00
68.00 06800	SPEECH PATHOLOGY	0	17,495	131	17,626	58 68.00
69.00 06900	ELECTROCARDIOLOGY	0	40,741	9,025	49,766	66 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	958 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	65,394	8,901	74,295	152 90.00
91.00 09100	EMERGENCY	0	167,565	901,491	1,069,056	1,378 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
From 01/01/2013
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,544,132	10,152,814	16,696,946	21,988	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	330,175	464,351	794,526	5,164	192.00
192.01 19201 HOSPITAL BASED CLINIC	0	59,815	3,208	63,023	129	192.01
192.02 19202 OUTPATIENT PSYCH	0	0	11,288	11,288	530	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	835,624	33,586	869,210	132	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	7,769,746	10,665,247	18,434,993	27,943	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 10:42 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	4,888,588			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	219,301	0	2,640,503	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	62,813	0	74,617	418,199	8.00	
9.00	00900	HOUSEKEEPING	63,085	0	22,347	0	167,685	9.00
10.00	01000	DIETARY	50,264	0	57,376	0	0	10.00
11.00	01100	CAFETERIA	27,447	0	21,972	0	1,799	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	147,126	0	14,726	0	11,358	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,492	0	61,516	11,171	488	14.00
15.00	01500	PHARMACY	18,720	0	21,717	0	514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,227	0	20,626	0	1,239	16.00
17.00	01700	SOCIAL SERVICE	44,838	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM-(SPECIFY)	2,452	0	1,420	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	510,020	0	628,079	196,796	44,295	30.00
31.00	03100	INTENSIVE CARE UNIT	135,911	0	63,532	27,460	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE	19,804	0	13,232	2,741	5,890	31.01
40.00	04000	SUBPROVIDER - IPF	26,581	0	61,970	2,265	4,214	40.00
41.00	04100	SUBPROVIDER - IRF	36,684	0	53,951	10,382	0	41.00
43.00	04300	NURSERY	35,132	0	42,474	9,432	5,344	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212,726	0	264,383	26,653	32,208	50.00
51.00	05100	RECOVERY ROOM	74,412	0	46,296	29,975	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,725	0	69,938	17,656	0	52.00
53.00	05300	ANESTHESIOLOGY	6,123	0	3,237	0	1,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,616	0	65,014	19,279	8,479	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	39,980	0	12,238	0	0	54.01
54.02	05402	BREAST CENTER	21,991	0	19,263	4,570	0	54.02
54.03	05403	RADIATION ONCOLOGY	38,935	0	77,071	4,294	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,868	0	8,962	5,525	0	56.00
56.01	05601	ULTRASOUND	18,995	0	2,749	12,706	0	56.01
57.00	05700	CT SCAN	45,019	0	40,316	0	0	57.00
58.00	05800	MRI	25,971	0	0	2,932	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,910	0	23,125	990	0	59.00
60.00	06000	LABORATORY	229,608	0	30,832	8	966	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	36,264	0	0	0	7,036	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	31,271	0	11,091	1,336	1,542	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	104,560	0	61,680	54	1,239	65.00
66.00	06600	PHYSICAL THERAPY	32,692	0	27,135	2,110	83	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,681	0	13,545	0	514	67.00
68.00	06800	SPEECH PATHOLOGY	8,951	0	8,121	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,946	0	18,911	3,065	385	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	552,010	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	229,527	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,331	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,770	0	30,355	121	10,040	90.00
91.00	09100	EMERGENCY	200,531	0	77,780	25,490	19,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,933,310	0	2,071,597	417,011	158,538 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	811,351	0	153,261	144	5,319 192.00
192.01	19201	HOSPITAL BASED CLINIC	45,867	0	27,765	1,044	3,318 192.01
192.02	19202	OUTPATIENT PSYCH	59,602	0	0	0	0 192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	38,458	0	387,880	0	510 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	4,888,588	0	2,640,503	418,199	167,685 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 10:42 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	264,809					10.00
11.00	01100	CAFETERIA	0	99,682				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,293	0	254,649		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,773	0	0	274,054	14.00
15.00	01500	PHARMACY	0	4,387	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,200	0	0	126	16.00
17.00	01700	SOCIAL SERVICE	0	1,587	0	0	9	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	280	0	0	392	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	215,457	27,256	0	124,233	4,376	30.00
31.00	03100	INTENSIVE CARE UNIT	21,903	6,253	0	31,051	987	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	840	0	5,345	147	31.01
40.00	04000	SUBPROVIDER - IPF	7,765	1,213	0	0	41	40.00
41.00	04100	SUBPROVIDER - IRF	19,684	1,680	0	7,255	161	41.00
43.00	04300	NURSERY	0	1,027	0	4,673	158	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,867	0	18,736	3,202	50.00
51.00	05100	RECOVERY ROOM	0	3,173	0	9,845	742	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,867	0	8,901	340	52.00
53.00	05300	ANESTHESIOLOGY	0	93	0	2	867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,267	0	0	326	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	653	0	0	4,437	54.01
54.02	05402	BREAST CENTER	0	933	0	492	846	54.02
54.03	05403	RADIATION ONCOLOGY	0	840	0	0	262	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	373	0	0	45	56.00
56.01	05601	ULTRASOUND	0	840	0	0	226	56.01
57.00	05700	CT SCAN	0	1,120	0	0	1,172	57.00
58.00	05800	MRI	0	560	0	0	874	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,680	0	3,465	4,495	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,307	0	7,644	119	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	4,853	0	1,406	2,012	65.00
66.00	06600	PHYSICAL THERAPY	0	1,493	0	0	117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	747	0	0	7	67.00
68.00	06800	SPEECH PATHOLOGY	0	187	0	0	19	68.00
69.00	06900	ELECTROCARDIOLOGY	0	280	0	1,256	43	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	169,054	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	70,300	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	653	0	966	651	90.00
91.00	09100	EMERGENCY	0	8,960	0	29,280	1,569	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	264,809	97,535	0	254,550	268,122
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,540	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	747	0	99	1,863
192.02	19202	OUTPATIENT PSYCH	0	560	0	0	370
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	840	0	0	159
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	264,809	99,682	0	254,649	274,054

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
					18.00		
		15.00	16.00	17.00	18.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	265,645					15.00
16.00	01600	0	155,068				16.00
17.00	01700	0	0	46,838			17.00
18.00	01850	0	0	0	0		18.00
23.00	02300	0	0	0	0	10,317	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	18,405	38,972	0		30.00
31.00	03100	0	3,861	2,381	0		31.00
31.01	03101	0	442	0	0		31.01
40.00	04000	0	499	0	0		40.00
41.00	04100	0	1,109	0	0		41.00
43.00	04300	0	884	5,485	0		43.00
44.00	04400	0	0	0	0		44.00
45.00	04500	0	0	0	0		45.00
46.00	04600	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	16,544	0	0		50.00
51.00	05100	0	3,586	0	0		51.00
52.00	05200	0	1,653	0	0		52.00
53.00	05300	0	2,870	0	0		53.00
54.00	05400	0	2,520	0	0		54.00
54.01	05401	0	1,605	0	0		54.01
54.02	05402	0	962	0	0		54.02
54.03	05403	0	2,785	0	0		54.03
55.00	05500	0	0	0	0		55.00
56.00	05600	0	1,147	0	0		56.00
56.01	05601	0	1,493	0	0		56.01
57.00	05700	0	9,443	0	0		57.00
58.00	05800	0	2,393	0	0		58.00
59.00	05900	0	9,036	0	0		59.00
60.00	06000	0	10,677	0	0		60.00
60.01	06001	0	0	0	0		60.01
61.00	06100	0	0	0	0		61.00
62.00	06200	0	2,371	0	0		62.00
63.00	06300	0	0	0	0		63.00
64.00	06400	0	693	0	0		64.00
64.01	06401	0	0	0	0		64.01
65.00	06500	0	5,933	0	0		65.00
66.00	06600	0	881	0	0		66.00
67.00	06700	0	541	0	0		67.00
68.00	06800	0	182	0	0		68.00
69.00	06900	0	80	0	0		69.00
70.00	07000	0	0	0	0		70.00
71.00	07100	0	20,176	0	0		71.00
72.00	07200	0	6,300	0	0		72.00
73.00	07300	265,645	12,697	0	0		73.00
74.00	07400	0	0	0	0		74.00
75.00	07500	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	849	0	0		90.00
91.00	09100	0	8,732	0	0		91.00
92.00	09200	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0		94.00
95.00	09500	0	0	0	0		95.00
96.00	09600	0	0	0	0		96.00
97.00	09700	0	0	0	0		97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
From 01/01/2013
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	PARAMED PRGM	
						15.00		
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	265,645	151,349	46,838	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,732	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	987	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments					10,317	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	265,645	155,068	46,838	0	10,317	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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To 12/31/2013

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,937,476	0	3,937,476	30.00
31.00	03100	481,737	0	481,737	31.00
31.01	03101	82,715	0	82,715	31.01
40.00	04000	271,940	0	271,940	40.00
41.00	04100	270,471	0	270,471	41.00
43.00	04300	209,368	0	209,368	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,904,535	0	1,904,535	50.00
51.00	05100	387,354	0	387,354	51.00
52.00	05200	323,116	0	323,116	52.00
53.00	05300	109,406	0	109,406	53.00
54.00	05400	754,446	0	754,446	54.00
54.01	05401	145,821	0	145,821	54.01
54.02	05402	124,493	0	124,493	54.02
54.03	05403	358,440	0	358,440	54.03
55.00	05500	0	0	0	55.00
56.00	05600	53,769	0	53,769	56.00
56.01	05601	59,420	0	59,420	56.01
57.00	05700	508,540	0	508,540	57.00
58.00	05800	205,973	0	205,973	58.00
59.00	05900	533,883	0	533,883	59.00
60.00	06000	339,212	0	339,212	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	45,715	0	45,715	62.00
63.00	06300	0	0	0	63.00
64.00	06400	79,918	0	79,918	64.00
64.01	06401	0	0	0	64.01
65.00	06500	422,368	0	422,368	65.00
66.00	06600	137,436	0	137,436	66.00
67.00	06700	67,775	0	67,775	67.00
68.00	06800	35,144	0	35,144	68.00
69.00	06900	81,798	0	81,798	69.00
70.00	07000	0	0	0	70.00
71.00	07100	741,240	0	741,240	71.00
72.00	07200	306,127	0	306,127	72.00
73.00	07300	574,631	0	574,631	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	137,852	0	137,852	90.00
91.00	09100	1,442,139	0	1,442,139	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00
96.00	09600	0	0	0	96.00
97.00	09700	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,134,258	0	15,134,258	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,776,037	0	1,776,037	192.00
192.01	19201	HOSPITAL BASED CLINIC	144,842	0	144,842	192.01
192.02	19202	OUTPATIENT PSYCH	72,350	0	72,350	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,297,189	0	1,297,189	194.00
200.00		Cross Foot Adjustments	10,317	0	10,317	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,434,993	0	18,434,993	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	635,063				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,070,744			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,916	5,516	94,008,679		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,744	5,347,406	7,884,374	-45,631,495	215,064,176
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	125,449	1,085,757	1,509,664	0	9,647,660
8.00 00800	LAUNDRY & LINEN SERVICE	13,139	146,759	903,148	0	2,763,316
9.00 00900	HOUSEKEEPING	3,935	41,192	1,679,402	0	2,775,283
10.00 01000	DIETARY	10,103	40,723	1,128,483	0	2,211,261
11.00 01100	CAFETERIA	3,869	1,133	685,453	0	1,207,462
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,593	54,676	2,720,436	0	6,472,503
14.00 01400	CENTRAL SERVICES & SUPPLY	10,832	45,218	649,930	0	1,297,441
15.00 01500	PHARMACY	3,824	212,470	518,061	0	823,556
16.00 01600	MEDICAL RECORDS & LIBRARY	3,632	26,523	1,927,414	0	2,737,551
17.00 01700	SOCIAL SERVICE	0	65	1,183,096	0	1,972,542
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	250	3,266	163,325	0	107,880
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	110,596	945,870	15,801,329	0	22,437,197
31.00 03100	INTENSIVE CARE UNIT	11,187	61,644	4,141,683	0	5,979,095
31.01 03101	NEONATAL INTENSIVE CARE	2,330	6,865	554,395	0	871,223
40.00 04000	SUBPROVIDER - I/PF	10,912	41,267	726,690	0	1,169,385
41.00 04100	SUBPROVIDER - I/RF	9,500	28,217	1,051,111	0	1,613,841
43.00 04300	NURSERY	7,479	15,954	800,307	0	1,545,560
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	46,554	919,222	5,370,572	0	9,358,410
51.00 05100	RECOVERY ROOM	8,152	145,765	2,184,684	0	3,273,595
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,315	30,644	1,222,477	0	2,055,575
53.00 05300	ANESTHESIOLOGY	570	107,466	32,759	0	269,354
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,448	537,171	1,922,855	0	3,370,543
54.01 05401	INTERVENTIONAL RADIOLOGY	2,155	73,998	544,260	0	1,758,849
54.02 05402	BREAST CENTER	3,392	41,383	569,024	0	967,439
54.03 05403	RADIATION ONCOLOGY	13,571	83,317	784,730	0	1,712,840
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,578	7,925	254,388	0	522,124
56.01 05601	ULTRASOUND	484	19,994	590,621	0	835,646
57.00 05700	CT SCAN	7,099	397,559	755,049	0	1,980,492
58.00 05800	MRI	0	212,174	395,424	0	1,142,557
59.00 05900	CARDIAC CATHETERIZATION	4,072	469,432	1,089,694	0	2,547,631
60.00 06000	LABORATORY	5,429	857	0	0	10,101,099
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	54	126	0	1,595,360
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	1,953	885	1,005,613	0	1,375,699
64.01 06401	HOME INFUSION	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	10,861	130,966	2,991,198	0	4,599,881
66.00 06600	PHYSICAL THERAPY	4,778	17,366	1,002,512	0	1,438,218
67.00 06700	OCCUPATIONAL THERAPY	2,385	9,086	491,980	0	689,869
68.00 06800	SPEECH PATHOLOGY	1,430	161	194,248	0	393,758
69.00 06900	ELECTROCARDIOLOGY	3,330	11,061	220,840	0	349,584
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	24,284,462
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,097,538
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	3,226,254	0	12,992,453
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,345	10,909	511,163	0	869,748
91.00 09100	EMERGENCY	13,696	1,104,819	4,640,427	0	8,821,935
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	534,887	12,442,735	74,029,199	-45,631,495	173,037,415	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,987	569,083	17,317,453	0	35,694,979	192.00
192.01	19201	HOSPITAL BASED CLINIC	4,889	3,931	434,795	0	2,017,831	192.01
192.02	19202	OUTPATIENT PSYCH	0	13,834	1,783,764	0	2,622,059	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	68,300	41,161	443,468	0	1,691,892	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,769,746	10,665,247	30,026,689		45,631,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.234607	0.815963	0.319403		0.212176	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			27,943		4,888,588	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000297		0.022731	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	590,403				6.00
7.00	00700	OPERATION OF PLANT	125,449	464,954			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,139	13,139	1,121,838		8.00
9.00	00900	HOUSEKEEPING	3,935	3,935	0	84,843	9.00
10.00	01000	DIETARY	10,103	10,103	0	0	161,477
11.00	01100	CAFETERIA	3,869	3,869	0	910	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,593	2,593	0	5,747	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,832	10,832	29,967	247	0
15.00	01500	PHARMACY	3,824	3,824	0	260	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,632	3,632	0	627	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	250	250	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,596	110,596	527,912	22,412	131,383
31.00	03100	INTENSIVE CARE UNIT	11,187	11,187	73,664	0	13,356
31.01	03101	NEONATAL INTENSIVE CARE	2,330	2,330	7,352	2,980	0
40.00	04000	SUBPROVIDER - I/PF	10,912	10,912	6,077	2,132	4,735
41.00	04100	SUBPROVIDER - I/RF	9,500	9,500	27,850	0	12,003
43.00	04300	NURSERY	7,479	7,479	25,302	2,704	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,554	46,554	71,499	16,296	0
51.00	05100	RECOVERY ROOM	8,152	8,152	80,409	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,315	12,315	47,364	0	0
53.00	05300	ANESTHESIOLOGY	570	570	0	780	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,448	11,448	51,718	4,290	0
54.01	05401	INTERVENTIONAL RADIOLOGY	2,155	2,155	0	0	0
54.02	05402	BREAST CENTER	3,392	3,392	12,259	0	0
54.03	05403	RADIATION ONCOLOGY	13,571	13,571	11,519	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,578	1,578	14,821	0	0
56.01	05601	ULTRASOUND	484	484	34,085	0	0
57.00	05700	CT SCAN	7,099	7,099	0	0	0
58.00	05800	MRI	0	0	7,866	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,072	4,072	2,655	0	0
60.00	06000	LABORATORY	5,429	5,429	21	489	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	3,560	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,953	1,953	3,583	780	0
64.01	06401	HOME INFUSION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,861	10,861	145	627	0
66.00	06600	PHYSICAL THERAPY	4,778	4,778	5,659	42	0
67.00	06700	OCCUPATIONAL THERAPY	2,385	2,385	0	260	0
68.00	06800	SPEECH PATHOLOGY	1,430	1,430	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,330	3,330	8,223	195	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,345	5,345	324	5,080	0
91.00	09100	EMERGENCY	13,696	13,696	68,379	9,797	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
101.00	10100 HOME HEALTH AGENCY	6.00	7.00	8.00	9.00	10.00	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	490,227	364,778	1,118,653	80,215	161,477	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	26,987	26,987	385	2,691	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	4,889	4,889	2,800	1,679	0	192.01
192.02	19202 OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	68,300	68,300	0	258	0	194.00
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)	0	11,694,662	3,680,101	3,463,105	2,934,552	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	25.152299	3.280421	40.817805	18.173189	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,640,503	418,199	167,685	264,809	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	5.679063	0.372780	1.976415	1.639918	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,068					11.00
12.00	01200	0	2,665,284				12.00
13.00	01300	46	95,099	938,404			13.00
14.00	01400	19	38,597	0	39,366,575		14.00
15.00	01500	47	98,250	0	48	100	15.00
16.00	01600	45	93,944	0	18,098	0	16.00
17.00	01700	17	36,302	0	1,282	0	17.00
18.00	01850	0	0	0	0	0	18.00
23.00	02300	3	5,396	0	56,270	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	292	607,443	457,816	628,546	0	30.00
31.00	03100	67	139,825	114,427	141,725	0	31.00
31.01	03101	9	18,363	19,696	21,114	0	31.01
40.00	04000	13	26,704	0	5,901	0	40.00
41.00	04100	18	37,312	26,734	23,155	0	41.00
43.00	04300	11	23,055	17,222	22,764	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	95	197,162	69,044	459,978	0	50.00
51.00	05100	34	71,291	36,280	106,571	0	51.00
52.00	05200	20	40,649	32,800	48,837	0	52.00
53.00	05300	1	2,086	8	124,592	0	53.00
54.00	05400	35	72,509	0	46,848	0	54.00
54.01	05401	7	15,397	0	637,278	0	54.01
54.02	05402	10	20,855	1,812	121,492	0	54.02
54.03	05403	9	18,105	0	37,636	0	54.03
55.00	05500	0	0	0	0	0	55.00
56.00	05600	4	7,898	0	6,488	0	56.00
56.01	05601	9	18,666	0	32,394	0	56.01
57.00	05700	12	25,417	0	168,403	0	57.00
58.00	05800	6	13,485	0	125,576	0	58.00
59.00	05900	18	36,444	12,767	645,639	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	10	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	14	29,471	28,168	17,027	0	64.00
64.01	06401	0	0	0	0	0	64.01
65.00	06500	52	108,730	5,181	289,046	0	65.00
66.00	06600	16	32,893	0	16,799	0	66.00
67.00	06700	8	16,225	0	1,004	0	67.00
68.00	06800	2	5,013	0	2,693	0	68.00
69.00	06900	3	7,103	4,628	6,204	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	24,284,685	0	71.00
72.00	07200	0	0	0	10,097,620	0	72.00
73.00	07300	0	0	0	0	100	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	7	13,978	3,558	93,470	0	90.00
91.00	09100	96	199,278	107,899	225,396	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,045	2,172,955	938,040	38,514,579	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	418,480	0	508,440	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	8	16,394	364	267,630	0	192.01
192.02	19202 OUTPATIENT PSYCH	6	39,089	0	53,080	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	9	18,366	0	22,846	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,598,114	0	8,214,446	1,981,994	1,175,421	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,496.361423	0.000000	8.753635	0.050347	11,754.210000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	99,682	0	254,649	274,054	265,645	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	93.335206	0.000000	0.271364	0.006962	2,656.450000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	16.00	17.00	18.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	701,467,423				16.00
17.00 01700 SOCIAL SERVICE	0	13,100			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	83,281,022	10,900	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,469,772	666	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	1,998,023	0	0	0	31.01
40.00 04000 SUBPROVIDER - IPF	2,256,457	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,017,317	0	0	0	41.00
43.00 04300 NURSERY	4,000,321	1,534	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	74,858,018	0	0	0	50.00
51.00 05100 RECOVERY ROOM	16,225,669	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,480,780	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	12,986,580	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,404,587	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	7,262,440	0	0	0	54.01
54.02 05402 BREAST CENTER	4,352,511	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	12,600,177	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	5,188,740	0	0	0	56.00
56.01 05601 ULTRASOUND	6,754,200	0	0	0	56.01
57.00 05700 CT SCAN	42,730,227	0	0	0	57.00
58.00 05800 MRI	10,829,968	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	40,886,478	0	0	0	59.00
60.00 06000 LABORATORY	48,310,565	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	10,727,333	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	3,134,128	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	26,845,572	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	3,984,209	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,448,697	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	821,309	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	360,329	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	91,114,285	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,507,107	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	57,452,022	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	3,839,458	0	0	0	90.00
91.00 09100 EMERGENCY	39,511,248	0	0	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	18.00	23.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	684,639,549	13,100	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	12,363,692	0	0	0	192.00
192.01	19201 HOSPITAL BASED CLINIC	4,464,182	0	0	0	192.01
192.02	19202 OUTPATIENT PSYCH	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
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)	3,503,587	2,416,571	0	144,380	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004995	184.471069	0.000000	1,443.800000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	155,068	46,838	0	10,317	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000221	3.575420	0.000000	103.170000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 10:42 am

		Title XVIIII		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		41,916,662	4,892	41,921,554	30.00
31.00	03100	INTENSIVE CARE UNIT		9,332,627	0	9,332,627	31.00
31.01	03101	NEONATAL INTENSIVE CARE		1,457,358	0	1,457,358	31.01
40.00	04000	SUBPROVIDER - I/PF		1,915,992	0	1,915,992	40.00
41.00	04100	SUBPROVIDER - I/RF		2,791,881	0	2,791,881	41.00
43.00	04300	NURSERY		2,726,299	0	2,726,299	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		14,558,309	10,157	14,568,466	50.00
51.00	05100	RECOVERY ROOM		4,891,861	0	4,891,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,313,715	0	3,313,715	52.00
53.00	05300	ANESTHESIOLOGY		445,386	0	445,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		4,830,098	9,334	4,839,432	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY		2,265,074	0	2,265,074	54.01
54.02	05402	BREAST CENTER		1,356,922	0	1,356,922	54.02
54.03	05403	RADIATION ONCOLOGY		2,533,693	0	2,533,693	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		753,445	0	753,445	56.00
56.01	05601	ULTRASOUND		1,185,772	0	1,185,772	56.01
57.00	05700	CT SCAN		2,819,133	0	2,819,133	57.00
58.00	05800	MRI		1,480,180	0	1,480,180	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,574,734	4,310	3,579,044	59.00
60.00	06000	LABORATORY		12,642,202	0	12,642,202	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		2,132,751	0	2,132,751	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		2,044,336	0	2,044,336	64.00
64.01	06401	HOME INFUSION		0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	6,146,924	7,986	6,154,910	65.00
66.00	06600	PHYSICAL THERAPY	0	1,928,518	0	1,928,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	931,097	0	931,097	67.00
68.00	06800	SPEECH PATHOLOGY	0	520,503	0	520,503	68.00
69.00	06900	ELECTROCARDIOLOGY		589,561	1,153	590,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		31,114,579	0	31,114,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		12,890,771	0	12,890,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		17,211,534	0	17,211,534	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		1,462,648	0	1,462,648	90.00
91.00	09100	EMERGENCY		13,103,674	38,939	13,142,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		5,198,760	0	5,198,760	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
200.00		Subtotal (see instructions)	0	212,066,999	76,771	212,143,770	200.00
201.00		Less Observation Beds		5,198,760	0	5,198,760	201.00
202.00		Total (see instructions)	0	206,868,239	76,771	206,945,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 10:42 am

			Title XVIIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	83,281,022		83,281,022				30.00
31.00	03100	INTENSIVE CARE UNIT	17,469,772		17,469,772				31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,998,023		1,998,023				31.01
40.00	04000	SUBPROVIDER - I/PF	2,256,457		2,256,457				40.00
41.00	04100	SUBPROVIDER - I/RF	5,017,317		5,017,317				41.00
43.00	04300	NURSERY	4,000,321		4,000,321				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	47,024,913	27,833,105	74,858,018	0.194479	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,135,637	12,090,032	16,225,669	0.301489	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,365,785	1,114,995	7,480,780	0.442964	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,287,178	5,699,402	12,986,580	0.034296	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,297,553	9,107,034	11,404,587	0.423522	0.000000		54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,880,363	4,382,077	7,262,440	0.311889	0.000000		54.01
54.02	05402	BREAST CENTER	10,071	4,342,440	4,352,511	0.311756	0.000000		54.02
54.03	05403	RADIATION ONCOLOGY	754,212	11,845,965	12,600,177	0.201084	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,270,596	3,918,144	5,188,740	0.145208	0.000000		56.00
56.01	05601	ULTRASOUND	1,164,784	5,589,416	6,754,200	0.175561	0.000000		56.01
57.00	05700	CT SCAN	6,421,251	36,308,976	42,730,227	0.065975	0.000000		57.00
58.00	05800	MRI	2,407,349	8,422,619	10,829,968	0.136674	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,884,403	26,002,075	40,886,478	0.087431	0.000000		59.00
60.00	06000	LABORATORY	19,790,756	28,519,809	48,310,565	0.261686	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,438,945	2,288,388	10,727,333	0.198815	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	977,033	2,157,095	3,134,128	0.652282	0.000000		64.00
64.01	06401	HOME INFUSION	0	0	0	0.000000	0.000000		64.01
65.00	06500	RESPIRATORY THERAPY	15,154,295	11,691,277	26,845,572	0.228973	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,479,067	1,505,142	3,984,209	0.484040	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,015,851	432,846	2,448,697	0.380242	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	504,306	317,003	821,309	0.633748	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,608	352,721	360,329	1.636174	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,691,509	34,422,776	91,114,285	0.341490	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,536,943	7,970,164	28,507,107	0.452195	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,590,211	17,861,811	57,452,022	0.299581	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,260,779	1,578,679	3,839,458	0.380952	0.000000		90.00
91.00	09100	EMERGENCY	9,248,841	30,262,407	39,511,248	0.331644	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	458,207	9,368,454	9,826,661	0.529046	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	389,081,358	305,384,852	694,466,210				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	389,081,358	305,384,852	694,466,210				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 10:42 am
		Title XVII I	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
31.01	03101 NEONATAL INTENSIVE CARE			31.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194615		50.00
51.00	05100 RECOVERY ROOM	0.301489		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964		52.00
53.00	05300 ANESTHESIOLOGY	0.034296		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889		54.01
54.02	05402 BREAST CENTER	0.311756		54.02
54.03	05403 RADIATION ONCOLOGY	0.201084		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.145208		56.00
56.01	05601 ULTRASOUND	0.175561		56.01
57.00	05700 CT SCAN	0.065975		57.00
58.00	05800 MRI	0.136674		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536		59.00
60.00	06000 LABORATORY	0.261686		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282		64.00
64.01	06401 HOME INFUSION	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	0.229271		65.00
66.00	06600 PHYSICAL THERAPY	0.484040		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242		67.00
68.00	06800 SPEECH PATHOLOGY	0.633748		68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.380952		90.00
91.00	09100 EMERGENCY	0.332630		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 10:42 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		41,916,662	4,892	41,921,554	30.00
31.00	03100	INTENSIVE CARE UNIT		9,332,627	0	9,332,627	31.00
31.01	03101	NEONATAL INTENSIVE CARE		1,457,358	0	1,457,358	31.01
40.00	04000	SUBPROVIDER - I/PF		1,915,992	0	1,915,992	40.00
41.00	04100	SUBPROVIDER - I/RF		2,791,881	0	2,791,881	41.00
43.00	04300	NURSERY		2,726,299	0	2,726,299	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		14,558,309	10,157	14,568,466	50.00
51.00	05100	RECOVERY ROOM		4,891,861	0	4,891,861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,313,715	0	3,313,715	52.00
53.00	05300	ANESTHESIOLOGY		445,386	0	445,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		4,830,098	9,334	4,839,432	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY		2,265,074	0	2,265,074	54.01
54.02	05402	BREAST CENTER		1,356,922	0	1,356,922	54.02
54.03	05403	RADIATION ONCOLOGY		2,533,693	0	2,533,693	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		753,445	0	753,445	56.00
56.01	05601	ULTRASOUND		1,185,772	0	1,185,772	56.01
57.00	05700	CT SCAN		2,819,133	0	2,819,133	57.00
58.00	05800	MRI		1,480,180	0	1,480,180	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,574,734	4,310	3,579,044	59.00
60.00	06000	LABORATORY		12,642,202	0	12,642,202	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		2,132,751	0	2,132,751	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		2,044,336	0	2,044,336	64.00
64.01	06401	HOME INFUSION		0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	6,146,924	7,986	6,154,910	65.00
66.00	06600	PHYSICAL THERAPY	0	1,928,518	0	1,928,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	931,097	0	931,097	67.00
68.00	06800	SPEECH PATHOLOGY	0	520,503	0	520,503	68.00
69.00	06900	ELECTROCARDIOLOGY		589,561	1,153	590,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		31,114,579	0	31,114,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		12,890,771	0	12,890,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		17,211,534	0	17,211,534	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		1,462,648	0	1,462,648	90.00
91.00	09100	EMERGENCY		13,103,674	38,939	13,142,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		5,198,760	0	5,198,760	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
200.00		Subtotal (see instructions)	0	212,066,999	76,771	212,143,770	200.00
201.00		Less Observation Beds		5,198,760	0	5,198,760	201.00
202.00		Total (see instructions)	0	206,868,239	76,771	206,945,010	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 10:42 am

			Title XIX			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	83,281,022		83,281,022				30.00
31.00	03100	INTENSIVE CARE UNIT	17,469,772		17,469,772				31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,998,023		1,998,023				31.01
40.00	04000	SUBPROVIDER - I/PF	2,256,457		2,256,457				40.00
41.00	04100	SUBPROVIDER - I/RF	5,017,317		5,017,317				41.00
43.00	04300	NURSERY	4,000,321		4,000,321				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	47,024,913	27,833,105	74,858,018	0.194479	0.000000		50.00
51.00	05100	RECOVERY ROOM	4,135,637	12,090,032	16,225,669	0.301489	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,365,785	1,114,995	7,480,780	0.442964	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,287,178	5,699,402	12,986,580	0.034296	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,297,553	9,107,034	11,404,587	0.423522	0.000000		54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,880,363	4,382,077	7,262,440	0.311889	0.000000		54.01
54.02	05402	BREAST CENTER	10,071	4,342,440	4,352,511	0.311756	0.000000		54.02
54.03	05403	RADIATION ONCOLOGY	754,212	11,845,965	12,600,177	0.201084	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,270,596	3,918,144	5,188,740	0.145208	0.000000		56.00
56.01	05601	ULTRASOUND	1,164,784	5,589,416	6,754,200	0.175561	0.000000		56.01
57.00	05700	CT SCAN	6,421,251	36,308,976	42,730,227	0.065975	0.000000		57.00
58.00	05800	MRI	2,407,349	8,422,619	10,829,968	0.136674	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,884,403	26,002,075	40,886,478	0.087431	0.000000		59.00
60.00	06000	LABORATORY	19,790,756	28,519,809	48,310,565	0.261686	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,438,945	2,288,388	10,727,333	0.198815	0.000000		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	977,033	2,157,095	3,134,128	0.652282	0.000000		64.00
64.01	06401	HOME INFUSION	0	0	0	0.000000	0.000000		64.01
65.00	06500	RESPIRATORY THERAPY	15,154,295	11,691,277	26,845,572	0.228973	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,479,067	1,505,142	3,984,209	0.484040	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,015,851	432,846	2,448,697	0.380242	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	504,306	317,003	821,309	0.633748	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,608	352,721	360,329	1.636174	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,691,509	34,422,776	91,114,285	0.341490	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,536,943	7,970,164	28,507,107	0.452195	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,590,211	17,861,811	57,452,022	0.299581	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,260,779	1,578,679	3,839,458	0.380952	0.000000		90.00
91.00	09100	EMERGENCY	9,248,841	30,262,407	39,511,248	0.331644	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	458,207	9,368,454	9,826,661	0.529046	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	389,081,358	305,384,852	694,466,210				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	389,081,358	305,384,852	694,466,210				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE			31.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194615		50.00
51.00	05100 RECOVERY ROOM	0.301489		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964		52.00
53.00	05300 ANESTHESIOLOGY	0.034296		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889		54.01
54.02	05402 BREAST CENTER	0.311756		54.02
54.03	05403 RADIATION ONCOLOGY	0.201084		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.145208		56.00
56.01	05601 ULTRASOUND	0.175561		56.01
57.00	05700 CT SCAN	0.065975		57.00
58.00	05800 MRI	0.136674		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536		59.00
60.00	06000 LABORATORY	0.261686		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282		64.00
64.01	06401 HOME INFUSION	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	0.229271		65.00
66.00	06600 PHYSICAL THERAPY	0.484040		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242		67.00
68.00	06800 SPEECH PATHOLOGY	0.633748		68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.380952		90.00
91.00	09100 EMERGENCY	0.332630		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
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

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

Provider CCN: 150018

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

Worksheet C Part II Date/Time Prepared: 5/28/2014 10:42 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,558,309	1,904,535	12,653,774	0	0	50.00
51.00	05100	RECOVERY ROOM	4,891,861	387,354	4,504,507	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,313,715	323,116	2,990,599	0	0	52.00
53.00	05300	ANESTHESIOLOGY	445,386	109,406	335,980	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,830,098	754,446	4,075,652	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	2,265,074	145,821	2,119,253	0	0	54.01
54.02	05402	BREAST CENTER	1,356,922	124,493	1,232,429	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	2,533,693	358,440	2,175,253	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	753,445	53,769	699,676	0	0	56.00
56.01	05601	ULTRASOUND	1,185,772	59,420	1,126,352	0	0	56.01
57.00	05700	CT SCAN	2,819,133	508,540	2,310,593	0	0	57.00
58.00	05800	MRI	1,480,180	205,973	1,274,207	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,574,734	533,883	3,040,851	0	0	59.00
60.00	06000	LABORATORY	12,642,202	339,212	12,302,990	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,132,751	45,715	2,087,036	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,044,336	79,918	1,964,418	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	6,146,924	422,368	5,724,556	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,928,518	137,436	1,791,082	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	931,097	67,775	863,322	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	520,503	35,144	485,359	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	589,561	81,798	507,763	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,114,579	741,240	30,373,339	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,890,771	306,127	12,584,644	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,211,534	574,631	16,636,903	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,462,648	137,852	1,324,796	0	0	90.00
91.00	09100	EMERGENCY	13,103,674	1,442,139	11,661,535	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,198,760	488,294	4,710,466	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	151,926,180	10,368,845	141,557,335	0	0	200.00
201.00		Less Observation Beds	5,198,760	488,294	4,710,466	0	0	201.00
202.00		Total (line 200 minus line 201)	146,727,420	9,880,551	136,846,869	0	0	202.00

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

Provider CCN: 150018

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

Worksheet C Part II Date/Time Prepared: 5/28/2014 10:42 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	14,558,309	74,858,018	0.194479		50.00
51.00	05100 RECOVERY ROOM	4,891,861	16,225,669	0.301489		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,313,715	7,480,780	0.442964		52.00
53.00	05300 ANESTHESIOLOGY	445,386	12,986,580	0.034296		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,830,098	11,404,587	0.423522		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	2,265,074	7,262,440	0.311889		54.01
54.02	05402 BREAST CENTER	1,356,922	4,352,511	0.311756		54.02
54.03	05403 RADIATION ONCOLOGY	2,533,693	12,600,177	0.201084		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	753,445	5,188,740	0.145208		56.00
56.01	05601 ULTRASOUND	1,185,772	6,754,200	0.175561		56.01
57.00	05700 CT SCAN	2,819,133	42,730,227	0.065975		57.00
58.00	05800 MRI	1,480,180	10,829,968	0.136674		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,574,734	40,886,478	0.087431		59.00
60.00	06000 LABORATORY	12,642,202	48,310,565	0.261686		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	2,132,751	10,727,333	0.198815		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	2,044,336	3,134,128	0.652282		64.00
64.01	06401 HOME INFUSION	0	0	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	6,146,924	26,845,572	0.228973		65.00
66.00	06600 PHYSICAL THERAPY	1,928,518	3,984,209	0.484040		66.00
67.00	06700 OCCUPATIONAL THERAPY	931,097	2,448,697	0.380242		67.00
68.00	06800 SPEECH PATHOLOGY	520,503	821,309	0.633748		68.00
69.00	06900 ELECTROCARDIOLOGY	589,561	360,329	1.636174		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	31,114,579	91,114,285	0.341490		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,890,771	28,507,107	0.452195		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,211,534	57,452,022	0.299581		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,462,648	3,839,458	0.380952		90.00
91.00	09100 EMERGENCY	13,103,674	39,511,248	0.331644		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,198,760	9,826,661	0.529046		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	151,926,180	580,443,298			200.00
201.00	Less Observation Beds	5,198,760	0			201.00
202.00	Total (line 200 minus line 201)	146,727,420	580,443,298			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,937,476	0	3,937,476	45,157	87.20	30.00
31.00	INTENSIVE CARE UNIT	481,737		481,737	4,484	107.43	31.00
31.01	NEONATAL INTENSIVE CARE	82,715		82,715	657	125.90	31.01
40.00	SUBPROVIDER - IPF	271,940	0	271,940	1,194	227.76	40.00
41.00	SUBPROVIDER - IRF	270,471	0	270,471	3,071	88.07	41.00
43.00	NURSERY	209,368		209,368	2,935	71.33	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	5,253,707		5,253,707	57,498		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	18,368	1,601,690	30.00
31.00	INTENSIVE CARE UNIT	1,808	194,233	31.00
31.01	NEONATAL INTENSIVE CARE	0	0	31.01
40.00	SUBPROVIDER - IPF	455	103,631	40.00
41.00	SUBPROVIDER - IRF	1,641	144,523	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (Lines 30-199)	22,272	2,044,077	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am		
Title XVIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,904,535	74,858,018	0.025442	21,466,765	546,157	50.00
51.00	05100 RECOVERY ROOM	387,354	16,225,669	0.023873	1,775,964	42,398	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	0	0	52.00
53.00	05300 ANESTHESIOLOGY	109,406	12,986,580	0.008425	2,490,445	20,982	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	1,652,721	109,332	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	1,055,468	21,193	54.01
54.02	05402 BREAST CENTER	124,493	4,352,511	0.028603	5,307	152	54.02
54.03	05403 RADIOLOGY ONCOLOGY	358,440	12,600,177	0.028447	292,144	8,311	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	53,769	5,188,740	0.010363	435,797	4,516	56.00
56.01	05601 ULTRASOUND	59,420	6,754,200	0.008797	568,236	4,999	56.01
57.00	05700 CT SCAN	508,540	42,730,227	0.011901	5,000,526	59,511	57.00
58.00	05800 MRI	205,973	10,829,968	0.019019	1,007,101	19,154	58.00
59.00	05900 CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	4,031,594	52,645	59.00
60.00	06000 LABORATORY	339,212	48,310,565	0.007021	11,454,335	80,421	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	4,135,557	17,626	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	322,157	8,215	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	422,368	26,845,572	0.015733	8,391,750	132,027	65.00
66.00	06600 PHYSICAL THERAPY	137,436	3,984,209	0.034495	777,067	26,805	66.00
67.00	06700 OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	551,167	15,255	67.00
68.00	06800 SPEECH PATHOLOGY	35,144	821,309	0.042790	159,966	6,845	68.00
69.00	06900 ELECTROCARDIOLOGY	81,798	360,329	0.227009	322	73	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	24,062,522	195,749	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	8,761,742	94,092	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	20,668,272	206,724	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	137,852	3,839,458	0.035904	1,085,837	38,986	90.00
91.00	09100 EMERGENCY	1,442,139	39,511,248	0.036499	3,286,169	119,942	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	488,294	9,826,661	0.049691	458,207	22,769	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	10,368,845	580,443,298		123,897,138	1,854,879	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description			Title XVIII			Hospital		PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	0		31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	45,157	0.00	18,368	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	4,484	0.00	1,808	0	0		31.00	
31.01	03101	NEONATAL INTENSIVE CARE	657	0.00	0	0	0		31.01	
40.00	04000	SUBPROVIDER - IPF	1,194	0.00	455	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	3,071	0.00	1,641	0	0		41.00	
43.00	04300	NURSERY	2,935	0.00	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0		45.00	
200.00		Total (lines 30-199)	57,498		22,272	0	0		200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	0						31.01
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
43.00	04300	NURSERY	0	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0	0						44.00
45.00	04500	NURSING FACILITY	0	0						45.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	144,380	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	144,380	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	74,858,018	0.000000	0.000000	21,466,765	50.00
51.00	05100 RECOVERY ROOM	0	16,225,669	0.000000	0.000000	1,775,964	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	2,490,445	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	1,652,721	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	1,055,468	54.01
54.02	05402 BREAST CENTER	0	4,352,511	0.000000	0.000000	5,307	54.02
54.03	05403 RADIOLOGY ONCOLOGY	0	12,600,177	0.000000	0.000000	292,144	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,188,740	0.000000	0.000000	435,797	56.00
56.01	05601 ULTRASOUND	0	6,754,200	0.000000	0.000000	568,236	56.01
57.00	05700 CT SCAN	0	42,730,227	0.000000	0.000000	5,000,526	57.00
58.00	05800 MRI	0	10,829,968	0.000000	0.000000	1,007,101	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	4,031,594	59.00
60.00	06000 LABORATORY	0	48,310,565	0.000000	0.000000	11,454,335	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	4,135,557	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	322,157	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	8,391,750	65.00
66.00	06600 PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	777,067	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	551,167	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	159,966	68.00
69.00	06900 ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	322	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	24,062,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	8,761,742	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	20,668,272	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,839,458	0.000000	0.000000	1,085,837	90.00
91.00	09100 EMERGENCY	144,380	39,511,248	0.003654	0.003654	3,286,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	458,207	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	144,380	580,443,298			123,897,138	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	9,877,073	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	3,465,502	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,499	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,065,906	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,853,824	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	2,194,387	0	0	0	54.01
54.02	05402 BREAST CENTER	0	281,021	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	5,010,836	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,010,843	0	0	0	56.00
56.01	05601 ULTRASOUND	0	740,003	0	0	0	56.01
57.00	05700 CT SCAN	0	7,419,974	0	0	0	57.00
58.00	05800 MRI	0	1,982,255	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,232,029	0	0	0	59.00
60.00	06000 LABORATORY	0	852,104	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,091,795	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	810,211	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	5,388,844	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	178,510	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,780,840	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,884,418	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,660,584	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	692,910	0	0	0	90.00
91.00	09100 EMERGENCY	12,008	5,243,711	19,161	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,707,036	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	12,008	79,427,115	19,161	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
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	INTERVENTIONAL RADIOLOGY	0	0		54.01
54.02	05402	BREAST CENTER	0	0		54.02
54.03	05403	RADIATION ONCOLOGY	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	HOME INFUSION	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.194479	9,877,073	0	0	1,920,883 50.00
51.00	05100 RECOVERY ROOM	0.301489	3,465,502	0	0	1,044,811 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	2,499	0	0	1,107 52.00
53.00	05300 ANESTHESIOLOGY	0.034296	1,065,906	0	0	36,556 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.423522	1,853,824	0	0	785,135 54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	2,194,387	0	0	684,405 54.01
54.02	05402 BREAST CENTER	0.311756	281,021	0	0	87,610 54.02
54.03	05403 RADIOLOGY ONCOLOGY	0.201084	5,010,836	0	0	1,007,599 54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.145208	3,010,843	0	0	437,198 56.00
56.01	05601 ULTRASOUND	0.175561	740,003	0	0	129,916 56.01
57.00	05700 CT SCAN	0.065975	7,419,974	0	0	489,533 57.00
58.00	05800 MRI	0.136674	1,982,255	0	0	270,923 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087431	7,232,029	0	0	632,304 59.00
60.00	06000 LABORATORY	0.261686	852,104	0	5,590	222,984 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	1,091,795	0	0	217,065 62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	810,211	0	0	528,486 64.00
64.01	06401 HOME INFUSION	0.000000	0	0	0	0 64.01
65.00	06500 RESPIRATORY THERAPY	0.228973	5,388,844	0	0	1,233,900 65.00
66.00	06600 PHYSICAL THERAPY	0.484040	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	1.636174	178,510	0	0	292,073 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	9,780,840	0	0	3,340,059 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	1,884,418	0	0	852,124 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	6,660,584	0	100,173	1,995,384 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.380952	692,910	0	0	263,965 90.00
91.00	09100 EMERGENCY	0.331644	5,243,711	0	0	1,739,045 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	2,707,036	0	0	1,432,147 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		79,427,115	0	105,763	19,645,212 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		79,427,115	0	105,763	19,645,212 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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 INTERVENTIONAL RADIOLOGY	0	0		54.01
54.02 05402 BREAST CENTER	0	0		54.02
54.03 05403 RADIATION ONCOLOGY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	1,463		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
64.01 06401 HOME INFUSION	0	0		64.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,010		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	31,473	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	31,473	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am		
		Component CCN: 15S018		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,904,535	74,858,018	0.025442	29,124	741	50.00
51.00	05100	RECOVERY ROOM	387,354	16,225,669	0.023873	8,378	200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	0	0	52.00
53.00	05300	ANESTHESIOLOGY	109,406	12,986,580	0.008425	8,899	75	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	3,666	243	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	0	0	54.01
54.02	05402	BREAST CENTER	124,493	4,352,511	0.028603	421	12	54.02
54.03	05403	RADIATION ONCOLOGY	358,440	12,600,177	0.028447	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,769	5,188,740	0.010363	687	7	56.00
56.01	05601	ULTRASOUND	59,420	6,754,200	0.008797	1,821	16	56.01
57.00	05700	CT SCAN	508,540	42,730,227	0.011901	20,835	248	57.00
58.00	05800	MRI	205,973	10,829,968	0.019019	9,758	186	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	0	0	59.00
60.00	06000	LABORATORY	339,212	48,310,565	0.007021	64,064	450	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	422,368	26,845,572	0.015733	26,843	422	65.00
66.00	06600	PHYSICAL THERAPY	137,436	3,984,209	0.034495	2,922	101	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	4,271	118	67.00
68.00	06800	SPEECH PATHOLOGY	35,144	821,309	0.042790	643	28	68.00
69.00	06900	ELECTROCARDIOLOGY	81,798	360,329	0.227009	7,286	1,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	65,835	658	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,852	3,839,458	0.035904	12,113	435	90.00
91.00	09100	EMERGENCY	1,442,139	39,511,248	0.036499	19,378	707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	9,880,551	580,443,298		286,944	6,301	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	144,380	0	144,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	144,380	0	144,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title VIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	74,858,018	0.000000	0.000000	29,124	50.00
51.00	05100 RECOVERY ROOM	0	16,225,669	0.000000	0.000000	8,378	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	8,899	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	3,666	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	0	54.01
54.02	05402 BREAST CENTER	0	4,352,511	0.000000	0.000000	421	54.02
54.03	05403 RADIATION ONCOLOGY	0	12,600,177	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,188,740	0.000000	0.000000	687	56.00
56.01	05601 ULTRASOUND	0	6,754,200	0.000000	0.000000	1,821	56.01
57.00	05700 CT SCAN	0	42,730,227	0.000000	0.000000	20,835	57.00
58.00	05800 MRI	0	10,829,968	0.000000	0.000000	9,758	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	48,310,565	0.000000	0.000000	64,064	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	0	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	26,843	65.00
66.00	06600 PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	2,922	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	4,271	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	643	68.00
69.00	06900 ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	7,286	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	65,835	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,839,458	0.000000	0.000000	12,113	90.00
91.00	09100 EMERGENCY	144,380	39,511,248	0.003654	0.003654	19,378	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	144,380	580,443,298			286,944	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Title XVIIII		Subprovider - IPF	PPS
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	71	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	71	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am		
		Component CCN: 15T018		Title VIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,904,535	74,858,018	0.025442	12,513	318	50.00
51.00	05100	RECOVERY ROOM	387,354	16,225,669	0.023873	5,537	132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	0	0	52.00
53.00	05300	ANESTHESIOLOGY	109,406	12,986,580	0.008425	2,771	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	10,646	704	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	1,802	36	54.01
54.02	05402	BREAST CENTER	124,493	4,352,511	0.028603	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	358,440	12,600,177	0.028447	38,197	1,087	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,769	5,188,740	0.010363	0	0	56.00
56.01	05601	ULTRASOUND	59,420	6,754,200	0.008797	10,607	93	56.01
57.00	05700	CT SCAN	508,540	42,730,227	0.011901	39,172	466	57.00
58.00	05800	MRI	205,973	10,829,968	0.019019	14,182	270	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	5,413	71	59.00
60.00	06000	LABORATORY	339,212	48,310,565	0.007021	229,648	1,612	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	46,482	198	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	422,368	26,845,572	0.015733	159,372	2,507	65.00
66.00	06600	PHYSICAL THERAPY	137,436	3,984,209	0.034495	508,111	17,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	504,827	13,973	67.00
68.00	06800	SPEECH PATHOLOGY	35,144	821,309	0.042790	115,270	4,932	68.00
69.00	06900	ELECTROCARDIOLOGY	81,798	360,329	0.227009	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	54,058	440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	363,813	3,639	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,852	3,839,458	0.035904	69,007	2,478	90.00
91.00	09100	EMERGENCY	1,442,139	39,511,248	0.036499	4,404	161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	9,880,551	580,443,298		2,195,832	50,667	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	144,380	0	144,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	144,380	0	144,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title VIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	74,858,018	0.000000	0.000000	12,513	50.00
51.00	05100 RECOVERY ROOM	0	16,225,669	0.000000	0.000000	5,537	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	2,771	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	10,646	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	1,802	54.01
54.02	05402 BREAST CENTER	0	4,352,511	0.000000	0.000000	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	12,600,177	0.000000	0.000000	38,197	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,188,740	0.000000	0.000000	0	56.00
56.01	05601 ULTRASOUND	0	6,754,200	0.000000	0.000000	10,607	56.01
57.00	05700 CT SCAN	0	42,730,227	0.000000	0.000000	39,172	57.00
58.00	05800 MRI	0	10,829,968	0.000000	0.000000	14,182	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	5,413	59.00
60.00	06000 LABORATORY	0	48,310,565	0.000000	0.000000	229,648	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	46,482	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	0	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	159,372	65.00
66.00	06600 PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	508,111	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	504,827	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	115,270	68.00
69.00	06900 ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	54,058	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	363,813	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,839,458	0.000000	0.000000	69,007	90.00
91.00	09100 EMERGENCY	144,380	39,511,248	0.003654	0.003654	4,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	144,380	580,443,298			2,195,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	16	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	16	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,937,476	0	3,937,476	45,157	87.20	30.00	
31.00	INTENSIVE CARE UNIT	481,737		481,737	4,484	107.43	31.00	
31.01	NEONATAL INTENSIVE CARE	82,715		82,715	657	125.90	31.01	
40.00	SUBPROVIDER - IPF	271,940	0	271,940	1,194	227.76	40.00	
41.00	SUBPROVIDER - IRF	270,471	0	270,471	3,071	88.07	41.00	
43.00	NURSERY	209,368		209,368	2,935	71.33	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	5,253,707		5,253,707	57,498		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,949	344,353					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	NEONATAL INTENSIVE CARE	0	0					31.01
40.00	SUBPROVIDER - IPF	311	70,833					40.00
41.00	SUBPROVIDER - IRF	181	15,941					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	4,441	431,127					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	PPS
					Inpatient Program Charges			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,904,535	74,858,018	0.025442	2,336,377	59,442	50.00
51.00	05100	RECOVERY ROOM	387,354	16,225,669	0.023873	313,352	7,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	110	5	52.00
53.00	05300	ANESTHESIOLOGY	109,406	12,986,580	0.008425	594,545	5,009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	332,764	22,013	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	430,763	8,649	54.01
54.02	05402	BREAST CENTER	124,493	4,352,511	0.028603	505	14	54.02
54.03	05403	RADIATION ONCOLOGY	358,440	12,600,177	0.028447	114,070	3,245	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,769	5,188,740	0.010363	137,503	1,425	56.00
56.01	05601	ULTRASOUND	59,420	6,754,200	0.008797	273,578	2,407	56.01
57.00	05700	CT SCAN	508,540	42,730,227	0.011901	1,355,280	16,129	57.00
58.00	05800	MRI	205,973	10,829,968	0.019019	292,094	5,555	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	753,440	9,838	59.00
60.00	06000	LABORATORY	339,212	48,310,565	0.007021	3,616,784	25,393	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	929,748	3,963	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	103,814	2,647	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	422,368	26,845,572	0.015733	2,084,715	32,799	65.00
66.00	06600	PHYSICAL THERAPY	137,436	3,984,209	0.034495	95,886	3,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	76,825	2,126	67.00
68.00	06800	SPEECH PATHOLOGY	35,144	821,309	0.042790	24,162	1,034	68.00
69.00	06900	ELECTROCARDIOLOGY	81,798	360,329	0.227009	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	4,305,158	35,022	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	2,616,318	28,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	6,419,786	64,211	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,852	3,839,458	0.035904	284,284	10,207	90.00
91.00	09100	EMERGENCY	1,442,139	39,511,248	0.036499	1,268,181	46,287	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	488,294	9,826,661	0.049691	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	10,368,845	580,443,298		28,760,042	396,306	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	0 31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,157	0.00	3,949	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	4,484	0.00	0	0	0 31.00	
31.01	03101	NEONATAL INTENSIVE CARE	657	0.00	0	0	0 31.01	
40.00	04000	SUBPROVIDER - IPF	1,194	0.00	311	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	3,071	0.00	181	0	0 41.00	
43.00	04300	NURSERY	2,935	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0 45.00	
200.00		Total (lines 30-199)	57,498		4,441	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
31.01	03101	NEONATAL INTENSIVE CARE	0	0	31.01			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	41.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
45.00	04500	NURSING FACILITY	0	0	45.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description	Title XIX			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 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	144,380	0	0	144,380	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	144,380	0	0	144,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150018

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,858,018	0.000000	0.000000	2,336,377	50.00
51.00	05100	RECOVERY ROOM	0	16,225,669	0.000000	0.000000	313,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	110	52.00
53.00	05300	ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	594,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	332,764	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	430,763	54.01
54.02	05402	BREAST CENTER	0	4,352,511	0.000000	0.000000	505	54.02
54.03	05403	RADIATION ONCOLOGY	0	12,600,177	0.000000	0.000000	114,070	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	5,188,740	0.000000	0.000000	137,503	56.00
56.01	05601	ULTRASOUND	0	6,754,200	0.000000	0.000000	273,578	56.01
57.00	05700	CT SCAN	0	42,730,227	0.000000	0.000000	1,355,280	57.00
58.00	05800	MRI	0	10,829,968	0.000000	0.000000	292,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	753,440	59.00
60.00	06000	LABORATORY	0	48,310,565	0.000000	0.000000	3,616,784	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	929,748	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	103,814	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	2,084,715	65.00
66.00	06600	PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	95,886	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	76,825	67.00
68.00	06800	SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	24,162	68.00
69.00	06900	ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	4,305,158	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	2,616,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	6,419,786	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,839,458	0.000000	0.000000	284,284	90.00
91.00	09100	EMERGENCY	144,380	39,511,248	0.003654	0.003654	1,268,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	144,380	580,443,298			28,760,042	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Cost Center Description	Title XIX			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	4,634	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	4,634	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150018

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
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	INTERVENTIONAL RADIOLOGY	0	0		54.01
54.02	05402	BREAST CENTER	0	0		54.02
54.03	05403	RADIATION ONCOLOGY	0	0		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
64.01	06401	HOME INFUSION	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.194479	0	2,881,858	0	0	50.00
51.00	05100 RECOVERY ROOM	0.301489	0	1,177,956	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	0	966	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034296	0	650,240	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.423522	0	1,887,856	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	0	457,335	0	0	54.01
54.02	05402 BREAST CENTER	0.311756	0	170,089	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0.201084	0	1,699,786	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.145208	0	268,205	0	0	56.00
56.01	05601 ULTRASOUND	0.175561	0	1,642,727	0	0	56.01
57.00	05700 CT SCAN	0.065975	0	5,100,437	0	0	57.00
58.00	05800 MRI	0.136674	0	979,634	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087431	0	561,943	0	0	59.00
60.00	06000 LABORATORY	0.261686	0	4,990,501	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	0	260,914	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	0	368,002	0	0	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.228973	0	1,474,127	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.484040	0	167,221	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	0	59,567	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	0	51,038	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1.636174	0	11,499	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	0	3,841,269	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	0	2,334,404	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	0	2,718,595	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.380952	0	91,218	0	0	90.00
91.00	09100 EMERGENCY	0.331644	0	8,957,083	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	42,804,470	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	42,804,470	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	560,461	0		50.00
51.00 05100 RECOVERY ROOM	355,141	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	428	0		52.00
53.00 05300 ANESTHESIOLOGY	22,301	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	799,549	0		54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	142,638	0		54.01
54.02 05402 BREAST CENTER	53,026	0		54.02
54.03 05403 RADIATION ONCOLOGY	341,800	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	38,946	0		56.00
56.01 05601 ULTRASOUND	288,399	0		56.01
57.00 05700 CT SCAN	336,501	0		57.00
58.00 05800 MRI	133,890	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	49,131	0		59.00
60.00 06000 LABORATORY	1,305,944	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	51,874	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	240,041	0		64.00
64.01 06401 HOME INFUSION	0	0		64.01
65.00 06500 RESPIRATORY THERAPY	337,535	0		65.00
66.00 06600 PHYSICAL THERAPY	80,942	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	22,650	0		67.00
68.00 06800 SPEECH PATHOLOGY	32,345	0		68.00
69.00 06900 ELECTROCARDIOLOGY	18,814	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,311,755	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,055,606	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	814,439	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	34,750	0		90.00
91.00 09100 EMERGENCY	2,970,563	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	11,399,469	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	11,399,469	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am		
		Component CCN: 15S018		Title XIX		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,904,535	74,858,018	0.025442	10,845	276	50.00
51.00	05100	RECOVERY ROOM	387,354	16,225,669	0.023873	983	23	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	0	0	52.00
53.00	05300	ANESTHESIOLOGY	109,406	12,986,580	0.008425	2,685	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	3,173	210	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	0	0	54.01
54.02	05402	BREAST CENTER	124,493	4,352,511	0.028603	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	358,440	12,600,177	0.028447	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,769	5,188,740	0.010363	849	9	56.00
56.01	05601	ULTRASOUND	59,420	6,754,200	0.008797	2,127	19	56.01
57.00	05700	CT SCAN	508,540	42,730,227	0.011901	0	0	57.00
58.00	05800	MRI	205,973	10,829,968	0.019019	11,541	219	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	0	0	59.00
60.00	06000	LABORATORY	339,212	48,310,565	0.007021	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	40,208	171	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	422,368	26,845,572	0.015733	0	0	65.00
66.00	06600	PHYSICAL THERAPY	137,436	3,984,209	0.034495	6,227	215	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	1,187	33	67.00
68.00	06800	SPEECH PATHOLOGY	35,144	821,309	0.042790	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,798	360,329	0.227009	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	7,196	59	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	4,373	47	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	33,644	337	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,852	3,839,458	0.035904	4,474	161	90.00
91.00	09100	EMERGENCY	1,442,139	39,511,248	0.036499	20,737	757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	9,880,551	580,443,298		150,249	2,559	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	144,380	0	144,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	144,380	0	144,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	74,858,018	0.000000	0.000000	10,845	50.00
51.00	05100 RECOVERY ROOM	0	16,225,669	0.000000	0.000000	983	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	2,685	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	3,173	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	0	54.01
54.02	05402 BREAST CENTER	0	4,352,511	0.000000	0.000000	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	12,600,177	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,188,740	0.000000	0.000000	849	56.00
56.01	05601 ULTRASOUND	0	6,754,200	0.000000	0.000000	2,127	56.01
57.00	05700 CT SCAN	0	42,730,227	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	10,829,968	0.000000	0.000000	11,541	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	48,310,565	0.000000	0.000000	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	40,208	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	0	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	6,227	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	1,187	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	7,196	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	4,373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	33,644	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,839,458	0.000000	0.000000	4,474	90.00
91.00	09100 EMERGENCY	144,380	39,511,248	0.003654	0.003654	20,737	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	144,380	580,443,298			150,249	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
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Title XIX		Subprovider - IPF	PPS
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	76	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	76	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 10:42 am		
		Component CCN: 15T018		Title XIX		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,904,535	74,858,018	0.025442	0	0	50.00
51.00	05100	RECOVERY ROOM	387,354	16,225,669	0.023873	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	323,116	7,480,780	0.043193	0	0	52.00
53.00	05300	ANESTHESIOLOGY	109,406	12,986,580	0.008425	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	754,446	11,404,587	0.066153	1,107	73	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	145,821	7,262,440	0.020079	0	0	54.01
54.02	05402	BREAST CENTER	124,493	4,352,511	0.028603	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	358,440	12,600,177	0.028447	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,769	5,188,740	0.010363	1,447	15	56.00
56.01	05601	ULTRASOUND	59,420	6,754,200	0.008797	5,898	52	56.01
57.00	05700	CT SCAN	508,540	42,730,227	0.011901	0	0	57.00
58.00	05800	MRI	205,973	10,829,968	0.019019	5,293	101	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,883	40,886,478	0.013058	26,633	348	59.00
60.00	06000	LABORATORY	339,212	48,310,565	0.007021	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	45,715	10,727,333	0.004262	29,975	128	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	79,918	3,134,128	0.025499	2,252	57	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	422,368	26,845,572	0.015733	696	11	65.00
66.00	06600	PHYSICAL THERAPY	137,436	3,984,209	0.034495	32,983	1,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,775	2,448,697	0.027678	76,783	2,125	67.00
68.00	06800	SPEECH PATHOLOGY	35,144	821,309	0.042790	77,118	3,300	68.00
69.00	06900	ELECTROCARDIOLOGY	81,798	360,329	0.227009	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	741,240	91,114,285	0.008135	6,906	56	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	306,127	28,507,107	0.010739	4,197	45	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	574,631	57,452,022	0.010002	64,810	648	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	137,852	3,839,458	0.035904	8,921	320	90.00
91.00	09100	EMERGENCY	1,442,139	39,511,248	0.036499	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	9,880,551	580,443,298		345,019	8,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	144,380	0	144,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	144,380	0	144,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	74,858,018	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	16,225,669	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,480,780	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	12,986,580	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404,587	0.000000	0.000000	1,107	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	7,262,440	0.000000	0.000000	0	54.01
54.02	05402 BREAST CENTER	0	4,352,511	0.000000	0.000000	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	12,600,177	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,188,740	0.000000	0.000000	1,447	56.00
56.01	05601 ULTRASOUND	0	6,754,200	0.000000	0.000000	5,898	56.01
57.00	05700 CT SCAN	0	42,730,227	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	10,829,968	0.000000	0.000000	5,293	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	40,886,478	0.000000	0.000000	26,633	59.00
60.00	06000 LABORATORY	0	48,310,565	0.000000	0.000000	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	10,727,333	0.000000	0.000000	29,975	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,134,128	0.000000	0.000000	2,252	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	26,845,572	0.000000	0.000000	696	65.00
66.00	06600 PHYSICAL THERAPY	0	3,984,209	0.000000	0.000000	32,983	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,448,697	0.000000	0.000000	76,783	67.00
68.00	06800 SPEECH PATHOLOGY	0	821,309	0.000000	0.000000	77,118	68.00
69.00	06900 ELECTROCARDIOLOGY	0	360,329	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,114,285	0.000000	0.000000	6,906	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,507,107	0.000000	0.000000	4,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	57,452,022	0.000000	0.000000	64,810	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,839,458	0.000000	0.000000	8,921	90.00
91.00	09100 EMERGENCY	144,380	39,511,248	0.003654	0.003654	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,826,661	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	144,380	580,443,298			345,019	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 10:42 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
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 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 10:42 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,157	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)		39,557	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)		18,368	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)		41,921,554	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)		41,921,554	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)		41,921,554	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)		928.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,051,933	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)		17,051,933	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,332,627	4,484	2,081.32	1,808	3,763,027	43.00
43.01	NEONATAL INTENSIVE CARE	1,457,358	657	2,218.20	0	0	43.01
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)					33,634,490	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,449,450	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)					1,795,923	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,866,887	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,662,810	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					50,786,640	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)					5,600	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					928.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,198,760	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,937,476	41,921,554	0.093925	5,198,760	488,294	90.00
91.00	Nursing School cost	0	41,921,554	0.000000	5,198,760	0	91.00
92.00	Allied health cost	0	41,921,554	0.000000	5,198,760	0	92.00
93.00	All other Medical Education	0	41,921,554	0.000000	5,198,760	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,194 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,194 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)			1,194 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)			455 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)			1,915,992 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)			1,915,992 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)			1,915,992 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)			1,604.68 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			730,129 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)			730,129 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S018		Date/Time Prepared: 5/28/2014 10:42 am			
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0	0	43.01
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)					82,406	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					812,535	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)					103,631	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,372	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					110,003	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					702,532	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	271,940	1,915,992	0.141932	0	0	90.00
91.00	Nursing School cost	0	1,915,992	0.000000	0	0	91.00
92.00	Allied health cost	0	1,915,992	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,915,992	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,071	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,071	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,071	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)		1,641	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,791,881	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,791,881	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,791,881	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)		909.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,491,850	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)		1,491,850	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2014 10:42 am			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
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)					795,852		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,287,702		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)					144,523		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					50,683		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					195,206		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,092,496		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	270,471	2,791,881	0.096878	0	0	90.00
91.00	Nursing School cost	0	2,791,881	0.000000	0	0	91.00
92.00	Allied health cost	0	2,791,881	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,791,881	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 10:42 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,157	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,157	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)		39,557	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)		3,949	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)		2,935	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)		41,921,554	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)		41,921,554	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)		41,921,554	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)		928.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,666,054	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)		3,666,054	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,726,299	2,935	928.89	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,332,627	4,484	2,081.32	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	1,457,358	657	2,218.20	0	0	43.01
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)					8,006,106	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,672,160	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)					344,353	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					400,940	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					745,293	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,926,867	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)					5,600	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					928.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,198,760	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,937,476	41,921,554	0.093925	5,198,760	488,294	90.00
91.00	Nursing School cost	0	41,921,554	0.000000	5,198,760	0	91.00
92.00	Allied health cost	0	41,921,554	0.000000	5,198,760	0	92.00
93.00	All other Medical Education	0	41,921,554	0.000000	5,198,760	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,194 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,194 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)			1,194 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)			311 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)			2,935 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)			1,915,992 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)			1,915,992 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)			1,915,992 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)			1,604.68 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			499,055 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)			499,055 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S018				Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,492		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					70,833		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,635		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					73,468		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					466,079		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15S018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	271,940	1,915,992	0.141932	0	0	90.00
91.00	Nursing School cost	0	1,915,992	0.000000	0	0	91.00
92.00	Allied health cost	0	1,915,992	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,915,992	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,071	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,071	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,071	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)		181	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)		2,935	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,791,881	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,791,881	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,791,881	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)		909.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		164,549	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)		164,549	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2014 10:42 am			
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE	0	0	0.00	0	0		43.01
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)					133,461		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					298,010		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)					15,941		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,417		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					24,358		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					273,652		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	270,471	2,791,881	0.096878	0	0	90.00
91.00	Nursing School cost	0	2,791,881	0.000000	0	0	91.00
92.00	Allied health cost	0	2,791,881	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,791,881	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 10:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		36,900,590	30.00
31.00	03100	INTENSIVE CARE UNIT		7,844,118	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		12,919	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194615	21,466,765	50.00
51.00	05100	RECOVERY ROOM	0.301489	1,775,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442964	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034296	2,490,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.424341	1,652,721	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.311889	1,055,468	54.01
54.02	05402	BREAST CENTER	0.311756	5,307	54.02
54.03	05403	RADIATION ONCOLOGY	0.201084	292,144	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.145208	435,797	56.00
56.01	05601	ULTRASOUND	0.175561	568,236	56.01
57.00	05700	CT SCAN	0.065975	5,000,526	57.00
58.00	05800	MRI	0.136674	1,007,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087536	4,031,594	59.00
60.00	06000	LABORATORY	0.261686	11,454,335	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	4,135,557	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.652282	322,157	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.229271	8,391,750	65.00
66.00	06600	PHYSICAL THERAPY	0.484040	777,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380242	551,167	67.00
68.00	06800	SPEECH PATHOLOGY	0.633748	159,966	68.00
69.00	06900	ELECTROCARDIOLOGY	1.639374	322	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	24,062,522	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452195	8,761,742	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299581	20,668,272	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.380952	1,085,837	90.00
91.00	09100	EMERGENCY	0.332630	3,286,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	458,207	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		123,897,138	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		123,897,138	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE		0		31.01
40.00	04000 SUBPROVIDER - IPF		754,212		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194615	29,124	5,668	50.00
51.00	05100 RECOVERY ROOM	0.301489	8,378	2,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034296	8,899	305	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341	3,666	1,556	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	0	0	54.01
54.02	05402 BREAST CENTER	0.311756	421	131	54.02
54.03	05403 RADIATION ONCOLOGY	0.201084	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.145208	687	100	56.00
56.01	05601 ULTRASOUND	0.175561	1,821	320	56.01
57.00	05700 CT SCAN	0.065975	20,835	1,375	57.00
58.00	05800 MRI	0.136674	9,758	1,334	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536	0	0	59.00
60.00	06000 LABORATORY	0.261686	64,064	16,765	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	0	0	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.229271	26,843	6,154	65.00
66.00	06600 PHYSICAL THERAPY	0.484040	2,922	1,414	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	4,271	1,624	67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	643	407	68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374	7,286	11,944	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	65,835	19,723	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.380952	12,113	4,614	90.00
91.00	09100 EMERGENCY	0.332630	19,378	6,446	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		286,944	82,406	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		286,944		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE		0		31.01
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,351,026		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194615	12,513	2,435	50.00
51.00	05100 RECOVERY ROOM	0.301489	5,537	1,669	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034296	2,771	95	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341	10,646	4,518	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	1,802	562	54.01
54.02	05402 BREAST CENTER	0.311756	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0.201084	38,197	7,681	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.145208	0	0	56.00
56.01	05601 ULTRASOUND	0.175561	10,607	1,862	56.01
57.00	05700 CT SCAN	0.065975	39,172	2,584	57.00
58.00	05800 MRI	0.136674	14,182	1,938	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536	5,413	474	59.00
60.00	06000 LABORATORY	0.261686	229,648	60,096	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	46,482	9,241	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	0	0	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.229271	159,372	36,539	65.00
66.00	06600 PHYSICAL THERAPY	0.484040	508,111	245,946	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	504,827	191,956	67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	115,270	73,052	68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	54,058	18,460	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	363,813	108,991	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.380952	69,007	26,288	90.00
91.00	09100 EMERGENCY	0.332630	4,404	1,465	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,195,832	795,852	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		2,195,832		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 10:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		17,126,458		30.00
31.00	03100 INTENSIVE CARE UNIT		2,155,765		31.00
31.01	03101 NEONATAL INTENSIVE CARE		1,274,850		31.01
40.00	04000 SUBPROVIDER - I/PF		0		40.00
41.00	04100 SUBPROVIDER - I/RF		5,617		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194615	2,336,377	454,694	50.00
51.00	05100 RECOVERY ROOM	0.301489	313,352	94,472	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	110	49	52.00
53.00	05300 ANESTHESIOLOGY	0.034296	594,545	20,391	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341	332,764	141,205	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	430,763	134,350	54.01
54.02	05402 BREAST CENTER	0.311756	505	157	54.02
54.03	05403 RADIATION ONCOLOGY	0.201084	114,070	22,938	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.145208	137,503	19,967	56.00
56.01	05601 ULTRASOUND	0.175561	273,578	48,030	56.01
57.00	05700 CT SCAN	0.065975	1,355,280	89,415	57.00
58.00	05800 MRI	0.136674	292,094	39,922	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536	753,440	65,953	59.00
60.00	06000 LABORATORY	0.261686	3,616,784	946,462	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	929,748	184,848	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	103,814	67,716	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.229271	2,084,715	477,965	65.00
66.00	06600 PHYSICAL THERAPY	0.484040	95,886	46,413	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	76,825	29,212	67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	24,162	15,313	68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	4,305,158	1,470,168	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	2,616,318	1,183,086	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	6,419,786	1,923,246	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.380952	284,284	108,299	90.00
91.00	09100 EMERGENCY	0.332630	1,268,181	421,835	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		28,760,042	8,006,106	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)		28,760,042		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S018		Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - IPF		465,811	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194615	10,845	50.00
51.00	05100	RECOVERY ROOM	0.301489	983	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.442964	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034296	2,685	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.424341	3,173	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.311889	0	54.01
54.02	05402	BREAST CENTER	0.311756	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.201084	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.145208	849	56.00
56.01	05601	ULTRASOUND	0.175561	2,127	56.01
57.00	05700	CT SCAN	0.065975	0	57.00
58.00	05800	MRI	0.136674	11,541	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087536	0	59.00
60.00	06000	LABORATORY	0.261686	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	40,208	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.652282	0	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.229271	0	65.00
66.00	06600	PHYSICAL THERAPY	0.484040	6,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.380242	1,187	67.00
68.00	06800	SPEECH PATHOLOGY	0.633748	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1.639374	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	7,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.452195	4,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299581	33,644	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.380952	4,474	90.00
91.00	09100	EMERGENCY	0.332630	20,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		150,249	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		150,249	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE		0		31.01
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		378,013		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194615	0	0	50.00
51.00	05100 RECOVERY ROOM	0.301489	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.442964	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034296	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.424341	1,107	470	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.311889	0	0	54.01
54.02	05402 BREAST CENTER	0.311756	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0.201084	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.145208	1,447	210	56.00
56.01	05601 ULTRASOUND	0.175561	5,898	1,035	56.01
57.00	05700 CT SCAN	0.065975	0	0	57.00
58.00	05800 MRI	0.136674	5,293	723	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087536	26,633	2,331	59.00
60.00	06000 LABORATORY	0.261686	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.198815	29,975	5,959	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.652282	2,252	1,469	64.00
64.01	06401 HOME INFUSION	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.229271	696	160	65.00
66.00	06600 PHYSICAL THERAPY	0.484040	32,983	15,965	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.380242	76,783	29,196	67.00
68.00	06800 SPEECH PATHOLOGY	0.633748	77,118	48,873	68.00
69.00	06900 ELECTROCARDIOLOGY	1.639374	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.341490	6,906	2,358	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.452195	4,197	1,898	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299581	64,810	19,416	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.380952	8,921	3,398	90.00
91.00	09100 EMERGENCY	0.332630	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.529046	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		345,019	133,461	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)		345,019		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 10:42 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		26,779,602	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		9,011,119	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		2,403,572	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		11,135,458	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		224.66	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.03	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.80	31.00
32.00	Sum of lines 30 and 31		22.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.05	33.00
34.00	Disproportionate share adjustment (see instructions)		2,337,107	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000309445	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,799,356	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			705,592	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		705,592		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)		41,236,992		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)		41,236,992		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,299,142		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			146,457	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			12,008	58.00
59.00	Total (sum of amounts on lines 49 through 58)		44,694,599		59.00
60.00	Primary payer payments			18,232	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		44,676,367		61.00
62.00	Deductibles billed to program beneficiaries			3,710,440	62.00
63.00	Coinurance billed to program beneficiaries			66,600	63.00
64.00	Allowable bad debts (see instructions)			508,494	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			330,521	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			58,910	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		41,229,848		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)			-8,135	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-11,714	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: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,209,999		71.00
71.01	Sequestration adjustment (see instructions)		622,271		71.01
72.00	Interim payments		40,791,160		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		-203,432		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		437,000		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

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/28/2014 10:42 am		
			Title XVIII	Hospital	PPS		
			Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value
			1.00	2.00	3.00	4.00	5.00
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.03	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.80	0.00			20.80	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	22.83	0.00			20.80	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	224.66	0.00			224.66	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	8.05	0.00			6.37	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	2.03	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.05	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	4,325	0			4,325	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,970	0			1,970	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	365	0			365	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,449	0			3,449	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	10,109	0			10,109	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	47,633	0			47,633	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	534	0			534	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	424	0			424	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	48,591	0			48,591	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.80	0.00			20.80	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150018		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/28/2014 10:42 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	8.05		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		8.05		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		8.05		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	6.37	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	6.37	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	6.37	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 10:42 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,473	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,626,051	2.00
3.00	PPS payments		16,878,931	3.00
4.00	Outlier payment (see instructions)		626,934	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.832	5.00
6.00	Line 2 times line 5		16,328,874	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		19,161	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,473	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		105,763	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)		105,763	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)		105,763	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		74,290	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)		31,473	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)		17,525,026	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,592,900	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)		13,963,599	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)		13,963,599	30.00
31.00	Primary payer payments		3,400	31.00
32.00	Subtotal (line 30 minus line 31)		13,960,199	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)		597,242	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		388,207	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		288,370	36.00
37.00	Subtotal (see instructions)		14,348,406	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-227	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)		14,348,633	40.00
40.01	Sequestration adjustment (see instructions)		216,664	40.01
41.00	Interim payments		14,027,414	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		104,555	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 10:42 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		40,791,160		13,988,314	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	08/09/2013	39,100	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		39,100	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)		40,791,160		14,027,414	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		104,555	6.01	
6.02	SETTLEMENT TO PROGRAM		203,432		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,587,728		14,131,969	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018
Component CCN: 15S018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 10:42 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		373,704		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		373,704		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		27,565		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		401,269		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018
Component CCN: 15T018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 10:42 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,003,522		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,003,522		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		2,534		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,006,056		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			11,147 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,176 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,928 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			44,698 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			694,466,210 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			16,984,111 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,394,561 8.00
9.00	Sequestration adjustment amount (see instructions)			47,891 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,346,670 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,228,554 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)			118,116 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/28/2014 10:42 am
		Component CCN: 15S018	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		372,854	1.00
2.00	Net IPF PPS Outlier Payments		46,726	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3.271233	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		419,580	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		419,580	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		419,580	18.00
19.00	Deductibles		42,624	19.00
20.00	Subtotal (line 18 minus line 19)		376,956	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		376,956	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		46,760	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		30,394	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,707	25.00
26.00	Subtotal (sum of lines 22 and 24)		407,350	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		71	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		407,421	31.00
31.01	Sequestration adjustment (see instructions)		6,152	31.01
32.00	Interim payments		373,704	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		27,565	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		46,726	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,359,019	478,408	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0005		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	61,971	14,926	3.00
4.00	Outlier Payments	139,780		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	8.413699		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	2,054,104		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	2,054,104		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	2,054,104		19.00
20.00	Deductibles	20,128		20.00
21.00	Subtotal (line 19 minus line 20)	2,033,976		21.00
22.00	Coinurance	888		22.00
23.00	Subtotal (line 21 minus line 22)	2,033,088		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	5,705		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	3,708		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	2,036,796		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	16		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	2,036,812		32.00
32.01	Sequestration adjustment (see instructions)	30,756		32.01
33.00	Interim payments	2,003,522		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	2,534		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	139,780		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 10:42 am	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			11,399,469	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	11,399,469	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	11,399,469	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		20,557,074		8.00
9.00	Ancillary service charges		28,760,042	42,804,470	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)		49,317,116	42,804,470	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)		49,317,116	42,804,470	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		49,317,116	31,405,001	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	11,399,469	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		4,634	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		4,634	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)		4,634	11,399,469	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)		4,634	11,399,469	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,634	11,399,469	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,634	11,399,469	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)		4,634	11,399,469	40.00
41.00	Interim payments		4,634	11,399,469	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15S018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		464,269	8.00
9.00	Ancillary service charges		150,249	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)		614,518	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		614,518	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		614,518	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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		76	26.00
27.00	Subtotal (sum of lines 22 through 26)		76	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		76	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		76	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)		76	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		76	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)		76	40.00
41.00	Interim payments		76	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 10:42 am
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		378,013	8.00
9.00	Ancillary service charges		345,019	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)		723,032	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		723,032	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		723,032	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		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)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	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: 150018

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

Worksheet G

Date/Time Prepared:
5/28/2014 10:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	34,298,315	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	41,535,470	0	0	0	4.00
5.00	Other receivable	4,985,878	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,549,354	0	0	0	7.00
8.00	Prepaid expenses	1,964,431	0	0	0	8.00
9.00	Other current assets	237,223	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)	89,570,671	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,507,036	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	172,279,548	0	0	0	15.00
16.00	Accumulated depreciation	-119,491,848	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	83,090,271	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	139,385,007	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	241,409,610	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	241,409,610	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	470,365,288	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	24,845,496	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,341,761	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	19,558,363	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,745,620	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	83,333,944	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,729,991	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	112,063,935	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	158,809,555	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	311,555,733	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	311,555,733	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	470,365,288	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150018

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 10:42 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		256,806,286		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,379,831			2.00
3.00	Total (sum of line 1 and line 2)		282,186,117		0	3.00
4.00	ADDITIONS	29,369,616		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		29,369,616		0	10.00
11.00	Subtotal (line 3 plus line 10)		311,555,733		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		311,555,733		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		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: 150018

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 10:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	87,281,343		87,281,343	1.00
2.00	SUBPROVIDER - IPF	2,256,475		2,256,475	2.00
3.00	SUBPROVIDER - IRF	5,017,317		5,017,317	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	94,555,135		94,555,135	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,469,772		17,469,772	11.00
11.01	NEONATAL INTENSIVE CARE	1,998,023		1,998,023	11.01
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)	19,467,795		19,467,795	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	114,022,930		114,022,930	17.00
18.00	Ancillary services	272,612,742	378,183,148	650,795,890	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	386,635,672	378,183,148	764,818,820	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		269,925,590		29.00
30.00	PROVISION FOR BAD DEBT	23,753,756			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)		23,753,756		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)		293,679,346		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150018

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 10:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	764,818,820	1.00
2.00	Less contractual allowances and discounts on patients' accounts	480,897,957	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,920,863	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	293,679,346	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,758,483	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	21,156,496	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 REVENUE	13,981,818	24.00
25.00	Total other income (sum of lines 6-24)	35,138,314	25.00
26.00	Total (line 5 plus line 25)	25,379,831	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)	25,379,831	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150018	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 10:42 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,834,158	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		330,928	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)		123.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.03	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.80	8.00
9.00	Sum of lines 7 and 8		22.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.73	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		134,056	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,299,142	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