

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: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 5:32 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2014 Time: 5:32 pm	
	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.		
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 FRANCISCAN ST ANTHONY-MICHIGAN CITY (150015) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title 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	-60,048	23,835	-155,734	0	1.00
2.00 Subprovider - IPF	0	16,026	0		0	2.00
3.00 Subprovider - IRF	0	27,723	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
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-16,299	23,835	-155,734	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: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 5:30 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 301 W. HOMER ST		PO Box:										
2.00 City: MICHIGAN CITY		State: IN		Zip Code: 46360		County: LAPORTE						
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00 Hospital		FRANCISCAN ST ANTHONY-MICHIGAN CITY		150015	33140	1	07/01/1966	N	P	0	3.00	
4.00 Subprovider - IPF		FRANCISCAN ST ANTHONY-MICHIGAN CITY		15S015	33140	4	01/01/1998	N	P	0	4.00	
5.00 Subprovider - IRF		FRANCISCAN ST ANTHONY-MICHIGAN CITY		15T015	33140	5	01/01/1997	N	P	0	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	
17.10 Hospital-Based (CORF) I											17.10	
18.00 Renal Dialysis											18.00	
19.00 Other											19.00	
							From:		To:			
							1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2013		12/31/2013		20.00	
21.00 Type of Control (see instructions)									1		21.00	
Inpatient PPS Information												
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							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)							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.									1		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,988	210	0	102	2,347	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.		221	0	0	0	0	0		25.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 5:30 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N			39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		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
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 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	0
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	0
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
Title V and XIX Services						
				V	XIX	
				1.00	2.00	
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
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	325,651	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					

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		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE, INC		Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 8001		141.00
142.00	Street: 1515 DRAGOON TRAIL		PO Box:				142.00
143.00	City: MISHAWAKA		State:		Zip Code: 46546		143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital		N		N		155.00
156.00	Subprovider - IPF		N		N		156.00
157.00	Subprovider - IRF		N		N		157.00
158.00	SUBPROVIDER						158.00
159.00	SNF		N		N		159.00
160.00	HOME HEALTH AGENCY		N		N		160.00
161.00	CMHC		N		N		161.00
161.10	CORF		N		N		161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
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	
				Beginning		Ending	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2012		12/31/2012	
						170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 5:30 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150015

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			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.	NANCY		RI LEY	
42.00	Enter the employer/company name of the cost report preparer.	FRANCISCAN ALLIANCE INC			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932-2300 X33175		NANCY.RI LEY@FRANCISCANALLIANCE.ORG	

		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)	04/02/2014	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.	REGIONAL DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	135	49,275	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)		135	49,275	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		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						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		183				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: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,838	3,963	18,970			1.00
2.00 HMO and other (see instructions)	1,068	0				2.00
3.00 HMO IPF Subprovider	37	0				3.00
4.00 HMO IRF Subprovider	86	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,838	3,963	18,970			7.00
8.00 INTENSIVE CARE UNIT	1,856	582	2,786			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		102	488			13.00
14.00 Total (see instructions)	10,694	4,647	22,244	0.00	839.43	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,070	973	2,971	0.00	18.33	16.00
17.00 SUBPROVIDER - IRF	1,968	221	2,952	0.00	20.49	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						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	878.25	27.00
28.00 Observation Bed Days		479	2,025			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150015

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,749	1,581	5,621	1.00
2.00 HMO and other (see instructions)			260			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,749	1,581	5,621	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	131	133	415	16.00
17.00 SUBPROVIDER - IRF	0.00	0	155	17	217	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						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 5:30 pm	
	Worksheet A Line Number	Amount Reported	Reclassification 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	43,758,387	0	43,758,387	1,746,020.00	25.06	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,508,108	0	3,508,108	146,155.00	24.00	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		969,384	0	969,384	25,612.77	37.85	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		396,737	0	396,737	2,878.00	137.85	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		17,067,400	0	17,067,400			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,533,137	0	1,533,137			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	851,241	0	851,241	26,325.00	32.34	26.00
27.00	Administrative & General	5.00	6,613,022	0	6,613,022	240,961.00	27.44	27.00
28.00	Administrative & General under contract (see inst.)		94,414	0	94,414	282.00	334.80	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,832,048	0	1,832,048	76,493.00	23.95	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,130,384	0	1,130,384	83,503.00	13.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,146,495	-689,006	457,489	30,082.00	15.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	689,006	689,006	45,311.00	15.21	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,253,005	0	1,253,005	32,538.00	38.51	38.00
39.00	Central Services and Supply	14.00	502,088	0	502,088	33,913.00	14.81	39.00
40.00	Pharmacy	15.00	1,560,924	0	1,560,924	41,679.00	37.45	40.00
41.00	Medical Records & Medical Records Library	16.00	581,735	0	581,735	31,347.00	18.56	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150015

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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	0	0	0	0.00	0.00	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: 150015

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 5:30 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	43,852,801	0	43,852,801	1,746,302.00	25.11	1.00
2.00	Excluded area salaries (see instructions)	3,508,108	0	3,508,108	146,155.00	24.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,344,693	0	40,344,693	1,600,147.00	25.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,366,121	0	1,366,121	28,490.77	47.95	4.00
5.00	Subtotal wage-related costs (see inst.)	17,067,400	0	17,067,400	0.00	42.30	5.00
6.00	Total (sum of lines 3 thru 5)	58,778,214	0	58,778,214	1,628,637.77	36.09	6.00
7.00	Total overhead cost (see instructions)	15,565,356	0	15,565,356	642,434.00	24.23	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 5:30 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			322,837 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)			3,303,000 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,321,590 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-2,496 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			15,506 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			138,271 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			218,887 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,121,019 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			50,256 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			111,668 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			18,600,538 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150015

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10	Date/Time Prepared: 5/28/2014 5:30 pm
					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)			0.279242	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			11,092,515	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			72,190,112	6.00
7.00	Medicaid cost (line 1 times line 6)			20,158,511	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)			9,065,996	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)			9,065,996	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	24,926,700	4,180,400	29,107,100	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,960,582	1,167,343	8,127,925	21.00
22.00	Partial payment by patients approved for charity care	398,800	388,800	787,600	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,561,782	778,543	7,340,325	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,832,828	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			604,167	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			7,228,661	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,018,546	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,358,871	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,424,867	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		15,599,423	15,599,423	-5,797,614	9,801,809	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	6,234,764	6,234,764	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	851,241	18,617,476	19,468,717	38,480	19,507,197	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	6,613,022	24,496,458	31,109,480	-64,871	31,044,609	5.00
7.00 00700 OPERATION OF PLANT	1,832,048	3,612,752	5,444,800	-399	5,444,401	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	395,395	395,395	0	395,395	8.00
9.00 00900 HOUSEKEEPING	1,130,384	299,041	1,429,425	-6,898	1,422,527	9.00
10.00 01000 DIETARY	1,146,495	734,330	1,880,825	-1,289,174	591,651	10.00
11.00 01100 CAFETERIA	0	0	0	1,283,757	1,283,757	11.00
13.00 01300 NURSING ADMINISTRATION	1,253,005	79,269	1,332,274	-3,371	1,328,903	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	502,088	1,121,833	1,623,921	-385,176	1,238,745	14.00
15.00 01500 PHARMACY	1,560,924	7,930,746	9,491,670	-38,418	9,453,252	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	581,735	375,986	957,721	0	957,721	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,320,297	912,089	8,232,386	-1,680,261	6,552,125	30.00
31.00 03100 INTENSIVE CARE UNIT	1,670,666	147,151	1,817,817	-114,642	1,703,175	31.00
40.00 04000 SUBPROVIDER - I PF	1,002,841	47,397	1,050,238	-5,990	1,044,248	40.00
41.00 04100 SUBPROVIDER - I RF	774,016	148,224	922,240	-28,390	893,850	41.00
43.00 04300 NURSERY	0	0	0	417,156	417,156	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,953,060	10,353,522	15,306,582	-7,671,674	7,634,908	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	767,866	767,866	52.00
53.00 05300 ANESTHESIOLOGY	42,772	47,452	90,224	-4,495	85,729	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,440,114	735,167	3,175,281	-253,713	2,921,568	54.00
54.01 05401 FSED RADIOLOGY - DIAGNOSTIC	565,528	34,959	600,487	-32,076	568,411	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	643,915	1,068,298	1,712,213	-14,477	1,697,736	55.00
55.01 05501 WOODLAND CANCER CARE CENTER	524,765	478,044	1,002,809	-36,692	966,117	55.01
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	817,050	2,161,235	2,978,285	-1,818,666	1,159,619	59.00
60.00 06000 LABORATORY	0	5,743,561	5,743,561	-11,437	5,732,124	60.00
60.01 06001 FSED LABORATORY	0	1,046,261	1,046,261	-506	1,045,755	60.01
65.00 06500 RESPIRATORY THERAPY	928,825	170,520	1,099,345	-88,605	1,010,740	65.00
66.00 06600 PHYSICAL THERAPY	164,260	2,838,110	3,002,370	-32,486	2,969,884	66.00
69.00 06900 ELECTROCARDIOLOGY	663,445	157,891	821,336	-19,953	801,383	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,810,200	4,810,200	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,163,052	6,163,052	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OB CLINIC	0	1,456	1,456	-1,456	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03 09003 INFUSION OP SERVICES	193,452	235,861	429,313	-24,019	405,294	90.03
90.04 09004 MATERNAL HEA	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	2,819,836	727,583	3,547,419	-247,394	3,300,025	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	1,031,352	1,304,070	2,335,422	-42,422	2,293,000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESITINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	42,027,136	101,621,560	143,648,696	0	143,648,696	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 RETAIL PHARMACY	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	1,683,928	875,163	2,559,091	0	2,559,091	194.01
194.02 07952 APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03 07953 MED WATCH	0	0	0	0	0	194.03
194.04 07954 OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A

Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	-13,958	-13,958	0	-13,958	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	47,323	6,834,777	6,882,100	0	6,882,100	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	191	191	0	191	194.19
200.00 TOTAL (SUM OF LINES 118-199)	43,758,387	109,317,733	153,076,120	0	153,076,120	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,987,615	7,814,194	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	6,234,764	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	796,000	20,303,197	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,073,083	23,971,526	5.00
7.00	00700	OPERATION OF PLANT	-111,744	5,332,657	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	395,395	8.00
9.00	00900	HOUSEKEEPING	0	1,422,527	9.00
10.00	01000	DIETARY	-93,862	497,789	10.00
11.00	01100	CAFETERIA	-642,311	641,446	11.00
13.00	01300	NURSING ADMINISTRATION	-26,308	1,302,595	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-320,263	918,482	14.00
15.00	01500	PHARMACY	-91,196	9,362,056	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-482	957,239	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,828	6,548,297	30.00
31.00	03100	INTENSIVE CARE UNIT	-13,722	1,689,453	31.00
40.00	04000	SUBPROVIDER - I PF	0	1,044,248	40.00
41.00	04100	SUBPROVIDER - I RF	0	893,850	41.00
43.00	04300	NURSERY	0	417,156	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-637,494	6,997,414	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	767,866	52.00
53.00	05300	ANESTHESIOLOGY	-5,798	79,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,602	2,893,966	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	568,411	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-14,667	1,683,069	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	-38,349	927,768	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-38,798	1,120,821	59.00
60.00	06000	LABORATORY	-57,538	5,674,586	60.00
60.01	06001	FSED LABORATORY	0	1,045,755	60.01
65.00	06500	RESPIRATORY THERAPY	-2,359	1,008,381	65.00
66.00	06600	PHYSICAL THERAPY	-144	2,969,740	66.00
69.00	06900	ELECTROCARDIOLOGY	0	801,383	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,810,200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,163,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OB CLINIC	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
90.03	09003	INFUSION OP SERVICES	-24,642	380,652	90.03
90.04	09004	MATERNAL HEA	0	0	90.04
91.00	09100	EMERGENCY	-1,874	3,298,151	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	-519,548	1,773,452	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,937,227	132,711,469	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	RETAIL PHARMACY	0	0	194.00
194.01	07951	WORKING WELL	0	2,559,091	194.01
194.02	07952	APS DUNELAND SURG ASSOC	0	0	194.02
194.03	07953	MED WATCH	0	0	194.03
194.04	07954	OCCUPATIONAL MED CENTER	0	0	194.04
194.05	07955	PHYSICIAN PRACTICE	0	0	194.05
194.06	07956	DENTAL SERVICES	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	194.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150015

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

Worksheet A
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.09	07959 ORTHOPEDICS	0	0	194.09
194.10	07960 WOMEN SERVICES	0	0	194.10
194.11	07961 DUNELAND FITNESS CENTER	0	-13,958	194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	194.13
194.14	07964 ORTHOPEDICS	0	0	194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	0	6,882,100	194.16
194.17	07967 ENT	0	0	194.17
194.18	07968 SLEEP CLINIC	0	0	194.18
194.19	07969 HEALTH PARTNERS	0	191	194.19
200.00	TOTAL (SUM OF LINES 118-199)	-10,937,227	142,138,893	200.00

RECLASSIFICATIONS

Provider CCN: 150015

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 5:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,234,764	1.00
	TOTALS		0	6,234,764	
B - CAFETERIA					
1.00	CAFETERIA	11.00	689,006	594,751	1.00
	TOTALS		689,006	594,751	
C - WORKER'S COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40,841	1.00
	TOTALS		0	40,841	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,361	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,030	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	399	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,898	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,417	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,371	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	385,176	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,418	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	495,239	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	114,642	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,990	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,390	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,234,524	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,495	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	253,713	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	32,076	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,477	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,692	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,301,689	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,437	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	506	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	88,605	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	32,486	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,953	24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,456	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,019	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247,394	27.00
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,422	28.00
	TOTALS		0	10,456,275	
E - MEDICAL SUPPLIES - PACEMAKERS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	516,977	1.00
	TOTALS		0	516,977	
F - NURSERY AND LABOR/DELIVERY					
1.00	NURSERY	43.00	350,525	66,631	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	645,217	122,649	2.00
	TOTALS		995,742	189,280	

RECLASSIFICATIONS

Provider CCN: 150015

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

Worksheet A-6

Date/Time Prepared:
5/28/2014 5:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	398,520	1.00
	TOTALS		0	398,520	
H - OTHER INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	38,630	1.00
	TOTALS		0	38,630	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,646,075	1.00
	TOTALS		0	5,646,075	
500.00	Grand Total: Increases		1,684,748	24,116,113	500.00

RECLASSIFICATIONS

Provider CCN: 150015

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 5:30 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,234,764	9		1.00
	TOTALS		0	6,234,764			
B - CAFETERIA							
1.00	DIETARY	10.00	689,006	594,751	0		1.00
	TOTALS		689,006	594,751			
C - WORKER'S COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	40,841	0		1.00
	TOTALS		0	40,841			
D - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,361	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	24,030	0		2.00
3.00	OPERATION OF PLANT	7.00	0	399	0		3.00
4.00	HOUSEKEEPING	9.00	0	6,898	0		4.00
5.00	DIETARY	10.00	0	5,417	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	3,371	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	385,176	0		7.00
8.00	PHARMACY	15.00	0	38,418	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	495,239	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	114,642	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	5,990	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	28,390	0		12.00
13.00	OPERATING ROOM	50.00	0	7,234,524	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	4,495	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	253,713	0		15.00
16.00	FSED RADIOLOGY - DIAGNOSTIC	54.01	0	32,076	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	14,477	0		17.00
18.00	WOODLAND CANCER CARE CENTER	55.01	0	36,692	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,301,689	0		19.00
20.00	LABORATORY	60.00	0	11,437	0		20.00
21.00	FSED LABORATORY	60.01	0	506	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	88,605	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	32,486	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	19,953	0		24.00
25.00	OB CLINIC	90.01	0	1,456	0		25.00
26.00	INFUSION OP SERVICES	90.03	0	24,019	0		26.00
27.00	EMERGENCY	91.00	0	247,394	0		27.00
28.00	FREE STANDING EMERGENCY DEPT	91.01	0	42,422	0		28.00
	TOTALS		0	10,456,275			
E - MEDICAL SUPPLIES - PACEMAKERS							
1.00	CARDIAC CATHETERIZATION	59.00	0	516,977	0		1.00
	TOTALS		0	516,977			
F - NURSERY AND LABOR/DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	350,525	66,631	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	645,217	122,649	0		2.00
	TOTALS		995,742	189,280			
G - DEPRECIATION							
1.00	OPERATING ROOM	50.00	0	398,520	9		1.00
	TOTALS		0	398,520			
H - OTHER INTEREST							
1.00	OPERATING ROOM	50.00	0	38,630	11		1.00
	TOTALS		0	38,630			
I - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,646,075	0		1.00
	TOTALS		0	5,646,075			
500.00	Grand Total: Decreases		1,684,748	24,116,113			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,650,028	0	0	0	1.00
2.00	Land Improvements	3,976,248	1,185	0	1,185	2.00
3.00	Buildings and Fixtures	92,035,225	205,522	0	205,522	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	100,607,119	5,826,451	0	5,826,451	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	203,268,620	6,033,158	0	6,033,158	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	203,268,620	6,033,158	0	6,033,158	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,650,028	0			1.00
2.00	Land Improvements	3,977,433	0			2.00
3.00	Buildings and Fixtures	92,240,747	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	106,433,570	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	209,301,778	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	209,301,778	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	15,599,423	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,599,423	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	15,599,423				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,599,423				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150015

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,404,159	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,234,764	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,638,923	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-2,357,380	0	0	-1,232,585	7,814,194	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,234,764	2.00
3.00	Total (sum of lines 1-2)	-2,357,380	0	0	-1,232,585	14,048,958	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150015

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst.	A-7 Ref.
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	B	15,737	ADMINISTRATIVE & GENERAL	5.00		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	-2,885,659				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	-194,081				0 12.00
13.00 Laundry and linen service			0	0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-628,646	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employee and others			0	0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0	0.00		0 16.00
17.00 Sale of drugs to other than patients			0	0.00		0 17.00
18.00 Sale of medical records and abstracts	B	-482	MEDICAL RECORDS & LIBRARY	16.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0	0.00		0 19.00
20.00 Vending machines	B	-13,665	CAFETERIA	11.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP 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*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00		0 32.00
33.00 UNCLAIMED PROPERTY	B	-337	ADMINISTRATIVE & GENERAL	5.00		0 33.00
34.00 ICU CONSULTING FEES	A	-900	ADMINISTRATIVE & GENERAL	5.00		0 34.00

Provider CCN: 150015

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

Worksheet A-8

Date/Time Prepared:
 5/28/2014 5:30 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
35.00 STAFF EDUCATION COSTS	B	-265	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 OB PROGRAM FEES	B	-1,002	ADULTS & PEDIATRICS		30.00	0 36.00
37.00 DONATIONS EXPENSE	A	-5,015	ADMINISTRATIVE & GENERAL		5.00	0 37.00
38.00 ADVERTISING EXPENSE	A	-1,397,111	ADMINISTRATIVE & GENERAL		5.00	0 38.00
39.00 RENTAL INCOME	B	-251,376	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00 A&G MISC REVENUE	B	-53,906	ADMINISTRATIVE & GENERAL		5.00	0 40.00
41.00 LOBBYING	A	-1,439	ADMINISTRATIVE & GENERAL		5.00	0 41.00
42.00 INTEREST INCOME	B	-85,925	ADMINISTRATIVE & GENERAL		5.00	0 42.00
43.00 WOODLAND SURGERY BUILDING RENTAL INC	B	-109,357	OPERATION OF PLANT		7.00	0 43.00
44.00 GOODWILL	A	-1,232,585	CAP REL COSTS-BLDG & FIXT		1.00	14 44.00
45.00 OUTSIDE HOME HEALTH SUPPLIES	A	-732	ADMINISTRATIVE & GENERAL		5.00	0 45.00
46.00 ER MISC. INCOME	B	-195	FREE STANDING EMERGENCY DEPT		91.01	0 46.00
47.00 DISCOUNTS/REBATES	B	-93,862	DIETARY		10.00	0 47.00
48.00 DISCOUNTS/REBATES	B	-157,177	PHARMACY		15.00	0 48.00
49.00 HAF PROVIDER TAX	A	-4,180,890	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 PENSION	A	796,000	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.01
49.02 MEDICAL RECORDS	B	-6,343	ADMINISTRATIVE & GENERAL		5.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-2,387	OPERATION OF PLANT		7.00	10 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-40,272	OPERATING ROOM		50.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	-154,410	OPERATING ROOM		50.00	0 49.05
49.06 DISCOUNTS EARNED/REBATES	B	-25,316	RADIOLOGY-DIAGNOSTIC		54.00	0 49.06
49.07 RENTAL INCOME	B	-32,787	WOODLAND CANCER CARE CENTER		55.01	0 49.07
49.08 MISCELLANEOUS - OTHER OPERATING	B	-24,642	INFUSION OP SERVICES		90.03	0 49.08
49.09 DISCOUNTS EARNED/REBATES	B	-7,050	LABORATORY		60.00	0 49.09
49.10 DISCOUNTS EARNED/REBATES	B	-2,359	RESPIRATORY THERAPY		65.00	0 49.10
49.11 MISCELLANEOUS - OTHER OPERATING	B	-144	PHYSICAL THERAPY		66.00	0 49.11
49.12 DISCOUNTS EARNED/REBATES	B	-109,253	CENTRAL SERVICES & SUPPLY		14.00	0 49.12
49.13 DISCOUNTS EARNED/REBATES	B	-49,394	CENTRAL SERVICES & SUPPLY		14.00	0 49.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,937,227				50.00

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

Provider CCN: 150015

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 5:30 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT INTEREST	1,105,334	3,501,344	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT ALLOWABLE NEW CAPITAL COSTS	1,640,980	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL	11,321,165	10,664,581	3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY CENTRAL SERVICE	0	161,616	4.00
4.01	15.00	PHARMACY COEP / PHARMACY	320,925	254,944	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		14,388,404	14,582,485	5.00

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

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

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

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

6.00	B	100.00	FRANCISCAN ALLI	100.00	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: 150015

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 5:30 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,396,010	11		1.00
2.00	1,640,980	9		2.00
3.00	656,584	0		3.00
4.00	-161,616	0		4.00
4.01	65,981	0		4.01
5.00	-194,081			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	HEALTHCARE SERV		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: 150015

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 5:30 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.00	ADMI NI STRATI VE & GENERAL	27,950	6,320	21,630	171,400	155	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	18,763	1,288	17,475	171,400	121	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	1,762,741	1,723,991	38,750	171,400	310	3.00
4.00	13.00	NURSI NG ADMI NI STRATI ON	28,943	22,943	6,000	171,400	48	4.00
5.00	13.00	NURSI NG ADMI NI STRATI ON	3,875	0	3,875	171,400	31	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	3,650	2,700	950	171,400	10	6.00
7.00	31.00	INTENSI VE CARE UNI T	30,450	0	30,450	171,400	203	7.00
8.00	50.00	OPERATI NG ROOM	116,168	116,168	0	204,100	0	8.00
9.00	50.00	OPERATI NG ROOM	29,425	0	29,425	204,100	229	9.00
10.00	50.00	OPERATI NG ROOM	337,352	301,352	36,000	204,100	180	10.00
11.00	53.00	ANESTHESI OLOGY	25,250	0	25,250	200,300	202	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	2,286	2,286	0	231,100	0	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	17,000	14,437	2,563	231,100	21	13.00
14.00	55.01	WOODLAND CANCER CARE CENTER	21,450	0	21,450	231,100	143	14.00
15.00	59.00	CARDI AC CATHETERI ZATI ON	73,325	0	73,325	171,400	419	15.00
16.00	60.00	LABORATORY	54,844	0	54,844	171,400	406	16.00
17.00	60.00	LABORATORY	29,100	29,100	0	171,400	0	17.00
18.00	91.00	EMERGENCY	35,000	0	34,750	171,400	402	18.00
19.00	91.01	FREE STANDING EMERGENCY DEPT	519,353	519,353	0	171,400	0	19.00
200.00			3,136,925	2,739,938	396,737		2,880	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	ADMI NI STRATI VE & GENERAL	12,773	639	0	0	0	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	9,971	499	0	0	0	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	25,545	1,277	0	0	0	3.00
4.00	13.00	NURSI NG ADMI NI STRATI ON	3,955	198	0	0	0	4.00
5.00	13.00	NURSI NG ADMI NI STRATI ON	2,555	128	0	0	0	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	824	41	0	0	0	6.00
7.00	31.00	INTENSI VE CARE UNI T	16,728	836	0	0	0	7.00
8.00	50.00	OPERATI NG ROOM	0	0	0	0	0	8.00
9.00	50.00	OPERATI NG ROOM	22,471	1,124	0	0	0	9.00
10.00	50.00	OPERATI NG ROOM	17,662	883	0	0	0	10.00
11.00	53.00	ANESTHESI OLOGY	19,452	973	0	0	0	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	2,333	117	0	0	0	13.00
14.00	55.01	WOODLAND CANCER CARE CENTER	15,888	794	0	0	0	14.00
15.00	59.00	CARDI AC CATHETERI ZATI ON	34,527	1,726	0	0	0	15.00
16.00	60.00	LABORATORY	33,456	1,673	0	0	0	16.00
17.00	60.00	LABORATORY	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	33,126	1,656	0	0	0	18.00
19.00	91.01	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	19.00
200.00			251,266	12,564	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	ADMI NI STRATI VE & GENERAL	0	12,773	8,857	15,177	1.00
2.00	5.00	ADMI NI STRATI VE & GENERAL	0	9,971	7,504	8,792	2.00
3.00	5.00	ADMI NI STRATI VE & GENERAL	0	25,545	13,205	1,737,196	3.00
4.00	13.00	NURSI NG ADMI NI STRATI ON	0	3,955	2,045	24,988	4.00
5.00	13.00	NURSI NG ADMI NI STRATI ON	0	2,555	1,320	1,320	5.00
6.00	30.00	ADULTS & PEDI ATRI CS	0	824	126	2,826	6.00
7.00	31.00	INTENSI VE CARE UNI T	0	16,728	13,722	13,722	7.00
8.00	50.00	OPERATI NG ROOM	0	0	0	116,168	8.00
9.00	50.00	OPERATI NG ROOM	0	22,471	6,954	6,954	9.00
10.00	50.00	OPERATI NG ROOM	0	17,662	18,338	319,690	10.00
11.00	53.00	ANESTHESI OLOGY	0	19,452	5,798	5,798	11.00
12.00	54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	2,286	12.00
13.00	55.00	RADI OLOGY-THERAPEUTI C	0	2,333	230	14,667	13.00
14.00	55.01	WOODLAND CANCER CARE CENTER	0	15,888	5,562	5,562	14.00
15.00	59.00	CARDI AC CATHETERI ZATI ON	0	34,527	38,798	38,798	15.00
16.00	60.00	LABORATORY	0	33,456	21,388	21,388	16.00
17.00	60.00	LABORATORY	0	0	0	29,100	17.00
18.00	91.00	EMERGENCY	0	33,126	1,624	1,874	18.00
19.00	91.01	FREE STANDING EMERGENCY DEPT	0	0	0	519,353	19.00
200.00			0	251,266	145,471	2,885,659	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5: 30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,814,194	7,814,194			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,234,764		6,234,764		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,303,197	75,307	23,431	20,401,935	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,971,526	1,255,234	644,374	3,144,442	5.00
7.00 00700	OPERATION OF PLANT	5,332,657	983,339	76,532	871,121	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	395,395	86,817	0	0	8.00
9.00 00900	HOUSEKEEPING	1,422,527	142,534	52,388	537,486	9.00
10.00 01000	DIETARY	497,789	209,718	26,134	217,531	10.00
11.00 01100	CAFETERIA	641,446	0	0	327,615	11.00
13.00 01300	NURSING ADMINISTRATION	1,302,595	35,462	192,185	595,791	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	918,482	137,153	39,317	238,738	14.00
15.00 01500	PHARMACY	9,362,056	55,946	5,730	742,204	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	957,239	60,745	7,724	276,609	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,548,297	1,247,092	187,990	3,007,263	30.00
31.00 03100	INTENSIVE CARE UNIT	1,689,453	122,507	189,298	794,385	31.00
40.00 04000	SUBPROVIDER - I PF	1,044,248	130,048	2,528	476,841	40.00
41.00 04100	SUBPROVIDER - I RF	893,850	235,375	27,038	368,037	41.00
43.00 04300	NURSERY	417,156	18,676	213	166,671	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,997,414	392,866	1,273,079	2,355,130	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	767,866	149,826	0	306,794	52.00
53.00 05300	ANESTHESIOLOGY	79,931	11,343	7,830	20,338	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,893,966	376,205	1,143,318	1,160,250	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	568,411	59,519	3,633	268,903	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,683,069	186,056	89,883	306,175	55.00
55.01 05501	WOODLAND CANCER CARE CENTER	927,768	221,996	115,285	249,521	55.01
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	1,120,821	89,974	539,514	388,499	59.00
60.00 06000	LABORATORY	5,674,586	186,534	17,426	0	60.00
60.01 06001	FSED LABORATORY	1,045,755	27,007	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,008,381	41,611	39,573	441,647	65.00
66.00 06600	PHYSICAL THERAPY	2,969,740	28,669	8,541	78,104	66.00
69.00 06900	ELECTROCARDIOLOGY	801,383	114,966	67,438	315,461	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,810,200	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,163,052	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OB CLINIC	0	0	0	0	90.01
90.02 09002	PAIN MANAGEMENT	0	0	0	0	90.02
90.03 09003	INFUSION OP SERVICES	380,652	28,939	0	91,984	90.03
90.04 09004	MATERNAL HEA	0	0	0	0	90.04
91.00 09100	EMERGENCY	3,298,151	417,401	92,798	1,340,804	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	1,773,452	444,179	1,110,407	490,398	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00 04040	ENDOCRINOLOGY	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	132,711,469	7,573,044	5,983,607	19,578,742	131,395,969
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,463	0	0	190.00
194.00 07950	RETAIL PHARMACY	0	0	0	0	194.00
194.01 07951	WORKING WELL	2,559,091	0	152,573	800,691	194.01
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	194.02
194.03 07953	MED WATCH	0	126,309	427	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.04 07954 OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLNIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	94,378	0	0	94,378	194.10
194.11 07961 DUNELAND FITNESS CENTER	-13,958	0	78,962	0	65,004	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	6,882,100	0	0	22,502	6,904,602	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	191	0	19,195	0	19,386	194.19
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers			0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	142,138,893	7,814,194	6,234,764	20,401,935	142,138,893	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 5:30 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,015,576			5.00
7.00	00700	OPERATION OF PLANT	1,863,090	9,126,739		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	123,685	144,056	749,953	8.00
9.00	00900	HOUSEKEEPING	552,730	236,508	0	2,944,173
10.00	01000	DIETARY	243,971	347,988	2,796	90,529
11.00	01100	CAFETERIA	248,559	0	0	69,216
13.00	01300	NURSING ADMINISTRATION	545,317	58,843	0	45,777
14.00	01400	CENTRAL SERVICES & SUPPLY	342,085	227,580	0	53,134
15.00	01500	PHARMACY	2,607,512	92,831	0	35,448
16.00	01600	MEDICAL RECORDS & LIBRARY	334,038	100,794	0	73,377
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,819,045	2,069,318	352,595	827,735
31.00	03100	INTENSIVE CARE UNIT	717,068	203,278	35,671	119,719
40.00	04000	SUBPROVIDER - I/PF	424,157	215,791	78,475	126,274
41.00	04100	SUBPROVIDER - I/RF	390,975	390,560	28,536	123,584
43.00	04300	NURSERY	154,594	30,990	1,864	14,313
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,826,198	651,888	37,732	475,340
52.00	05200	DELIVERY ROOM & LABOR ROOM	314,075	248,607	0	107,190
53.00	05300	ANESTHESIOLOGY	30,636	18,821	0	6,688
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,429,636	624,242	30,401	196,233
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	230,965	98,760	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	581,008	308,725	2,850	30,900
55.01	05501	WOODLAND CANCER CARE CENTER	388,480	368,361	9,679	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	548,594	149,295	2,142	37,781
60.00	06000	LABORATORY	1,507,818	309,518	0	120,462
60.01	06001	FSED LABORATORY	275,158	44,813	0	0
65.00	06500	RESPIRATORY THERAPY	392,748	69,046	0	19,990
66.00	06600	PHYSICAL THERAPY	791,301	47,570	21,402	38,420
69.00	06900	ELECTROCARDIOLOGY	333,251	190,764	3,137	48,140
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,233,792	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,580,792	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OB CLINIC	0	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0	0
90.03	09003	INFUSION OP SERVICES	128,651	48,019	2,142	14,610
90.04	09004	MATERNAL HEA	0	0	0	0
91.00	09100	EMERGENCY	1,320,732	692,598	71,341	254,673
91.01	09101	FREE STANDING EMERGENCY DEPT	979,410	737,032	32,623	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
93.00	04040	ENDOCRINOLOGY	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0
99.00	09900	CMHC	0	0	0	0
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,260,071	8,726,596	713,386	2,929,533
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,249	33,954	0	14,640
194.00	07950	RETAIL PHARMACY	0	0	0	0
194.01	07951	WORKING WELL	900,901	0	0	0
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0
194.03	07953	MED WATCH	32,507	209,586	0	0
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0
194.06	07956	DENTAL SERVICES	0	0	0	0
194.07	07957	DUNELAND MED WATCH	0	0	0	0
194.08	07958	WESTVILLE CLINIC	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,286,836					11.00
13.00	01300		2,810,780				13.00
14.00	01400	36,279	0	1,992,768			14.00
15.00	01500	44,603	0	0	12,946,330		15.00
16.00	01600	33,541	0	0	0	1,844,067	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	297,487	996,390	0	0	109,116	30.00
31.00	03100	55,576	186,143	0	0	17,492	31.00
40.00	04000	40,797	136,644	0	0	13,508	40.00
41.00	04100	45,605	103,247	0	0	23,951	41.00
43.00	04300	0	0	0	0	4,340	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	198,132	596,820	0	0	398,292	50.00
52.00	05200	0	0	0	0	7,990	52.00
53.00	05300	2,226	0	0	0	15,672	53.00
54.00	05400	92,255	306,610	0	0	234,854	54.00
54.01	05401	19,453	0	0	0	39,341	54.01
55.00	05500	16,760	0	0	0	44,221	55.00
55.01	05501	18,184	0	0	0	8,192	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	22,502	75,367	0	0	51,222	59.00
60.00	06000	0	0	0	0	170,493	60.00
60.01	06001	0	0	0	0	15,265	60.01
65.00	06500	35,122	0	0	0	30,738	65.00
66.00	06600	50,969	0	0	0	45,331	66.00
69.00	06900	27,087	90,723	0	0	43,671	69.00
71.00	07100	0	0	916,733	0	57,845	71.00
72.00	07200	0	0	1,076,035	0	50,643	72.00
73.00	07300	0	0	0	12,946,330	272,994	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	6,922	0	0	0	9,899	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	101,492	318,836	0	0	149,194	91.00
91.01	09101	37,036	0	0	0	29,803	91.01
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		1,216,838	2,810,780	1,992,768	12,946,330	1,844,067	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	68,351	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	0 194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	0 194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	0 194.10
194.11 07961 DUNELAND FITNESS CENTER	0	0	0	0	0	0 194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	0 194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	0 194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	0 194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	1,647	0	0	0	0	0 194.16
194.17 07967 ENT	0	0	0	0	0	0 194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	0 194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	0 194.19
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,286,836	2,810,780	1,992,768	12,946,330	1,844,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

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
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	19,584,323	0	19,584,323	30.00
31.00	03100	4,284,221	0	4,284,221	31.00
40.00	04000	2,870,303	0	2,870,303	40.00
41.00	04100	2,810,596	0	2,810,596	41.00
43.00	04300	808,817	0	808,817	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	16,202,891	0	16,202,891	50.00
52.00	05200	1,902,348	0	1,902,348	52.00
53.00	05300	193,485	0	193,485	53.00
54.00	05400	8,487,970	0	8,487,970	54.00
54.01	05401	1,288,985	0	1,288,985	54.01
55.00	05500	3,249,647	0	3,249,647	55.00
55.01	05501	2,307,466	0	2,307,466	55.01
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	3,025,711	0	3,025,711	59.00
60.00	06000	7,986,837	0	7,986,837	60.00
60.01	06001	1,407,998	0	1,407,998	60.01
65.00	06500	2,078,856	0	2,078,856	65.00
66.00	06600	4,080,047	0	4,080,047	66.00
69.00	06900	2,036,021	0	2,036,021	69.00
71.00	07100	7,018,570	0	7,018,570	71.00
72.00	07200	8,870,522	0	8,870,522	72.00
73.00	07300	13,219,324	0	13,219,324	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	711,818	0	711,818	90.03
90.04	09004	0	0	0	90.04
91.00	09100	8,058,020	0	8,058,020	91.00
91.01	09101	5,634,340	0	5,634,340	91.01
92.00	09200	0	0	0	92.00
93.00	04040	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	0	0	0	96.00
99.00	09900	0	0	0	99.00
99.10	09910	0	0	0	99.10
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
118.00		128,119,116	0	128,119,116	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	74,306	0	74,306	190.00
194.00	07950	0	0	0	194.00
194.01	07951	4,481,607	0	4,481,607	194.01
194.02	07952	0	0	0	194.02
194.03	07953	368,829	0	368,829	194.03
194.04	07954	0	0	0	194.04
194.05	07955	0	0	0	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150015

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.06	07956	DENTAL SERVICES	0	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	0	194.08
194.09	07959	ORTHOPEDICS	0	0	0	194.09
194.10	07960	WOMEN SERVICES	275,188	0	275,188	194.10
194.11	07961	DUNELAND FITNESS CENTER	81,677	0	81,677	194.11
194.12	07962	CARDIOLOGY ASSOC	0	0	0	194.12
194.13	07963	DUNELAND FAMILY PRACTICE	0	0	0	194.13
194.14	07964	ORTHOPEDICS	0	0	0	194.14
194.15	07965	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.15
194.16	07966	PHYSICIAN PRACTICE MD WISE	8,677,245	0	8,677,245	194.16
194.17	07967	ENT	0	0	0	194.17
194.18	07968	SLEEP CLINIC	0	0	0	194.18
194.19	07969	HEALTH PARTNERS	60,925	0	60,925	194.19
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)	142,138,893	0	142,138,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	75,307	23,431	98,738	98,738
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,255,234	644,374	1,899,608	15,224
7.00 00700	OPERATION OF PLANT	0	983,339	76,532	1,059,871	4,216
8.00 00800	LAUNDRY & LINEN SERVICE	0	86,817	0	86,817	0
9.00 00900	HOUSEKEEPING	0	142,534	52,388	194,922	2,601
10.00 01000	DIETARY	0	209,718	26,134	235,852	1,053
11.00 01100	CAFETERIA	0	0	0	0	1,585
13.00 01300	NURSING ADMINISTRATION	0	35,462	192,185	227,647	2,883
14.00 01400	CENTRAL SERVICES & SUPPLY	0	137,153	39,317	176,470	1,155
15.00 01500	PHARMACY	0	55,946	5,730	61,676	3,592
16.00 01600	MEDICAL RECORDS & LIBRARY	0	60,745	7,724	68,469	1,339
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,247,092	187,990	1,435,082	14,553
31.00 03100	INTENSIVE CARE UNIT	0	122,507	189,298	311,805	3,844
40.00 04000	SUBPROVIDER - I/PF	0	130,048	2,528	132,576	2,308
41.00 04100	SUBPROVIDER - I/RF	0	235,375	27,038	262,413	1,781
43.00 04300	NURSERY	0	18,676	213	18,889	807
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	392,866	1,273,079	1,665,945	11,397
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	149,826	0	149,826	1,485
53.00 05300	ANESTHESIOLOGY	0	11,343	7,830	19,173	98
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	376,205	1,143,318	1,519,523	5,615
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	59,519	3,633	63,152	1,301
55.00 05500	RADIOLOGY-THERAPEUTIC	0	186,056	89,883	275,939	1,482
55.01 05501	WOODLAND CANCER CARE CENTER	0	221,996	115,285	337,281	1,207
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	89,974	539,514	629,488	1,880
60.00 06000	LABORATORY	0	186,534	17,426	203,960	0
60.01 06001	FSED LABORATORY	0	27,007	0	27,007	0
65.00 06500	RESPIRATORY THERAPY	0	41,611	39,573	81,184	2,137
66.00 06600	PHYSICAL THERAPY	0	28,669	8,541	37,210	378
69.00 06900	ELECTROCARDIOLOGY	0	114,966	67,438	182,404	1,527
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
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OB CLINIC	0	0	0	0	0
90.02 09002	PAIN MANAGEMENT	0	0	0	0	0
90.03 09003	INFUSION OP SERVICES	0	28,939	0	28,939	445
90.04 09004	MATERNAL HEA	0	0	0	0	0
91.00 09100	EMERGENCY	0	417,401	92,798	510,199	6,488
91.01 09101	FREE STANDING EMERGENCY DEPT	0	444,179	1,110,407	1,554,586	2,373
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00 04040	ENDOCRINOLOGY	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,573,044	5,983,607	13,556,651	94,754
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,463	0	20,463	0
194.00 07950	RETAIL PHARMACY	0	0	0	0	0
194.01 07951	WORKING WELL	0	0	152,573	152,573	3,875
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	0
194.03 07953	MED WATCH	0	126,309	427	126,736	0
194.04 07954	OCCUPATIONAL MED CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	0	94,378	0	94,378	0	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	0	78,962	78,962	0	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0	109	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	0	19,195	19,195	0	194.19
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	7,814,194	6,234,764	14,048,958	98,738	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 5:30 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,914,832				5.00	
7.00	00700	OPERATION OF PLANT	122,952	1,187,039			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,162	18,736	113,715		8.00	
9.00	00900	HOUSEKEEPING	36,477	30,761	0	264,761	9.00	
10.00	01000	DIETARY	16,100	45,260	424	8,141	306,830	10.00
11.00	01100	CAFETERIA	16,403	0	0	6,224	0	11.00
13.00	01300	NURSING ADMINISTRATION	35,987	7,653	0	4,117	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,575	29,599	0	4,778	0	14.00
15.00	01500	PHARMACY	172,079	12,074	0	3,188	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,044	13,109	0	6,599	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,039	269,139	53,462	74,434	210,371	30.00
31.00	03100	INTENSIVE CARE UNIT	47,322	26,439	5,409	10,766	28,805	31.00
40.00	04000	SUBPROVIDER - IPF	27,992	28,066	11,899	11,355	33,935	40.00
41.00	04100	SUBPROVIDER - IRF	25,802	50,797	4,327	11,114	33,719	41.00
43.00	04300	NURSERY	10,202	4,031	283	1,287	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	186,503	84,786	5,721	42,746	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,727	32,334	0	9,639	0	52.00
53.00	05300	ANESTHESIOLOGY	2,022	2,448	0	601	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,347	81,190	4,610	17,647	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	15,242	12,845	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,343	40,153	432	2,779	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	25,637	47,910	1,468	0	0	55.01
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	36,204	19,418	325	3,398	0	59.00
60.00	06000	LABORATORY	99,506	40,256	0	10,833	0	60.00
60.01	06001	FSED LABORATORY	18,159	5,828	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	25,919	8,980	0	1,798	0	65.00
66.00	06600	PHYSICAL THERAPY	52,221	6,187	3,245	3,455	0	66.00
69.00	06900	ELECTROCARDIOLOGY	21,992	24,811	476	4,329	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,422	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	104,322	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	8,490	6,245	325	1,314	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	87,160	90,081	10,817	22,902	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	64,635	95,860	4,947	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,732,987	1,134,996	108,170	263,444	306,830	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	346	4,416	0	1,317	0	190.00
194.00	07950	RETAIL PHARMACY	0	0	0	0	0	194.00
194.01	07951	WORKING WELL	59,454	0	0	0	0	194.01
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03	07953	MED WATCH	2,145	27,259	0	0	0	194.03
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06	07956	DENTAL SERVICES	0	0	0	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
194.09	07959 ORTHOPEDICS	0	0	0	0	0	0 194.09
194.10	07960 WOMEN SERVICES	1,598	20,368	0	0	0	0 194.10
194.11	07961 DUNELAND FITNESS CENTER	1,100	0	0	0	0	0 194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	0	0	0 194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	0 194.13
194.14	07964 ORTHOPEDICS	0	0	0	0	0	0 194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	116,874	0	0	0	0	0 194.16
194.17	07967 ENT	0	0	0	0	0	0 194.17
194.18	07968 SLEEP CLINIC	0	0	0	0	0	0 194.18
194.19	07969 HEALTH PARTNERS	328	0	5,545	0	0	0 194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,914,832	1,187,039	113,715	264,761	306,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	24,212					11.00
13.00	01300		278,942				13.00
14.00	01400	683	0	235,260			14.00
15.00	01500	839	0	0	253,448		15.00
16.00	01600	631	0	0	0	112,191	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,596	98,883	0	0	6,652	30.00
31.00	03100	1,046	18,473	0	0	1,066	31.00
40.00	04000	768	13,561	0	0	823	40.00
41.00	04100	858	10,246	0	0	1,460	41.00
43.00	04300	0	0	0	0	265	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,728	59,228	0	0	24,058	50.00
52.00	05200	0	0	0	0	487	52.00
53.00	05300	42	0	0	0	955	53.00
54.00	05400	1,736	30,428	0	0	14,317	54.00
54.01	05401	366	0	0	0	2,398	54.01
55.00	05500	315	0	0	0	2,696	55.00
55.01	05501	342	0	0	0	499	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	423	7,479	0	0	3,122	59.00
60.00	06000	0	0	0	0	10,393	60.00
60.01	06001	0	0	0	0	931	60.01
65.00	06500	661	0	0	0	1,874	65.00
66.00	06600	959	0	0	0	2,763	66.00
69.00	06900	510	9,003	0	0	2,662	69.00
71.00	07100	0	0	108,225	0	3,526	71.00
72.00	07200	0	0	127,035	0	3,087	72.00
73.00	07300	0	0	0	253,448	16,642	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	130	0	0	0	603	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	1,910	31,641	0	0	9,095	91.00
91.01	09101	697	0	0	0	1,817	91.01
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		22,895	278,942	235,260	253,448	112,191	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	1,286	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	0 194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	0 194.09
194.10 07960 WOMEN SERVICES	0	0	0	0	0	0 194.10
194.11 07961 DUNELAND FITNESS CENTER	0	0	0	0	0	0 194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	0 194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	0 194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	0 194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	31	0	0	0	0	0 194.16
194.17 07967 ENT	0	0	0	0	0	0 194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	0 194.18
194.19 07969 HEALTH PARTNERS	0	0	0	0	0	0 194.19
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	24,212	278,942	235,260	253,448	112,191	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 5:30 pm
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
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	2,354,211	0	2,354,211
31.00 03100	INTENSIVE CARE UNIT	454,975	0	454,975
40.00 04000	SUBPROVIDER - IPF	263,283	0	263,283
41.00 04100	SUBPROVIDER - IRF	402,517	0	402,517
43.00 04300	NURSERY	35,764	0	35,764
44.00 04400	SKILLED NURSING FACILITY	0	0	0
45.00 04500	NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	2,084,112	0	2,084,112
52.00 05200	DELIVERY ROOM & LABOR ROOM	214,498	0	214,498
53.00 05300	ANESTHESIOLOGY	25,339	0	25,339
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,769,413	0	1,769,413
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	95,304	0	95,304
55.00 05500	RADIOLOGY-THERAPEUTIC	362,139	0	362,139
55.01 05501	WOODLAND CANCER CARE CENTER	414,344	0	414,344
57.00 05700	CT SCAN	0	0	0
58.00 05800	MRI	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	701,737	0	701,737
60.00 06000	LABORATORY	364,948	0	364,948
60.01 06001	FSED LABORATORY	51,925	0	51,925
65.00 06500	RESPIRATORY THERAPY	122,553	0	122,553
66.00 06600	PHYSICAL THERAPY	106,418	0	106,418
69.00 06900	ELECTROCARDIOLOGY	247,714	0	247,714
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	193,173	0	193,173
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	234,444	0	234,444
73.00 07300	DRUGS CHARGED TO PATIENTS	270,090	0	270,090
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00 09000	CLINIC	0	0	0
90.01 09001	OB CLINIC	0	0	0
90.02 09002	PAIN MANAGEMENT	0	0	0
90.03 09003	INFUSION OP SERVICES	46,491	0	46,491
90.04 09004	MATERNAL HEA	0	0	0
91.00 09100	EMERGENCY	770,293	0	770,293
91.01 09101	FREE STANDING EMERGENCY DEPT	1,724,915	0	1,724,915
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0
93.00 04040	ENDOCRINOLOGY	0	0	0
OTHER REIMBURSABLE COST CENTERS				
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0
99.00 09900	CMHC	0	0	0
99.10 09910	CORF	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0
SPECIAL PURPOSE COST CENTERS				
109.00 10900	PANCREAS ACQUISITION	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,310,600	0	13,310,600
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,542	0	26,542
194.00 07950	RETAIL PHARMACY	0	0	0
194.01 07951	WORKING WELL	217,188	0	217,188
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0
194.03 07953	MED WATCH	156,140	0	156,140
194.04 07954	OCCUPATIONAL MED CENTER	0	0	0
194.05 07955	PHYSICIAN PRACTICE	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150015

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
194.06	07956	DENTAL SERVICES	0	0	0	194.06
194.07	07957	DUNELAND MED WATCH	0	0	0	194.07
194.08	07958	WESTVILLE CLINIC	0	0	0	194.08
194.09	07959	ORTHOPEDICS	0	0	0	194.09
194.10	07960	WOMEN SERVICES	116,344	0	116,344	194.10
194.11	07961	DUNELAND FITNESS CENTER	80,062	0	80,062	194.11
194.12	07962	CARDIOLOGY ASSOC	0	0	0	194.12
194.13	07963	DUNELAND FAMILY PRACTICE	0	0	0	194.13
194.14	07964	ORTHOPEDICS	0	0	0	194.14
194.15	07965	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.15
194.16	07966	PHYSICIAN PRACTICE MD WISE	117,014	0	117,014	194.16
194.17	07967	ENT	0	0	0	194.17
194.18	07968	SLEEP CLINIC	0	0	0	194.18
194.19	07969	HEALTH PARTNERS	25,068	0	25,068	194.19
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)	14,048,958	0	14,048,958	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	376,144					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,480,872				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,625	16,840	42,907,146			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	60,422	463,106	6,613,022	-29,015,576	113,123,317	5.00
7.00 00700	OPERATION OF PLANT	47,334	55,003	1,832,048	0	7,263,649	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,179	0	0	0	482,212	8.00
9.00 00900	HOUSEKEEPING	6,861	37,651	1,130,384	0	2,154,935	9.00
10.00 01000	DIETARY	10,095	18,782	457,489	0	951,172	10.00
11.00 01100	CAFETERIA	0	0	689,006	0	969,061	11.00
13.00 01300	NURSING ADMINISTRATION	1,707	138,122	1,253,005	0	2,126,033	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,602	28,257	502,088	0	1,333,690	14.00
15.00 01500	PHARMACY	2,693	4,118	1,560,924	0	10,165,936	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,924	5,551	581,735	0	1,302,317	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	60,030	135,107	6,324,555	0	10,990,642	30.00
31.00 03100	INTENSIVE CARE UNIT	5,897	136,047	1,670,666	0	2,795,643	31.00
40.00 04000	SUBPROVIDER - IPF	6,260	1,817	1,002,841	0	1,653,665	40.00
41.00 04100	SUBPROVIDER - IRF	11,330	19,432	774,016	0	1,524,300	41.00
43.00 04300	NURSERY	899	153	350,525	0	602,716	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
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	18,911	914,952	4,953,060	0	11,018,489	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,212	0	645,217	0	1,224,486	52.00
53.00 05300	ANESTHESIOLOGY	546	5,627	42,772	0	119,442	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,109	821,693	2,440,114	0	5,573,739	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	2,865	2,611	565,528	0	900,466	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	8,956	64,598	643,915	0	2,265,183	55.00
55.01 05501	WOODLAND CANCER CARE CENTER	10,686	82,854	524,765	0	1,514,570	55.01
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	4,331	387,744	817,050	0	2,138,808	59.00
60.00 06000	LABORATORY	8,979	12,524	0	0	5,878,546	60.00
60.01 06001	FSED LABORATORY	1,300	0	0	0	1,072,762	60.01
65.00 06500	RESPIRATORY THERAPY	2,003	28,441	928,825	0	1,531,212	65.00
66.00 06600	PHYSICAL THERAPY	1,380	6,138	164,260	0	3,085,054	66.00
69.00 06900	ELECTROCARDIOLOGY	5,534	48,467	663,445	0	1,299,248	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,810,200	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,163,052	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	OB CLINIC	0	0	0	0	0	90.01
90.02 09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
90.03 09003	INFUSION OP SERVICES	1,393	0	193,452	0	501,575	90.03
90.04 09004	MATERNAL HEA	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	20,092	66,693	2,819,836	0	5,149,154	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	21,381	798,040	1,031,352	0	3,818,436	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040	ENDOCRINOLOGY	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
99.00 09900	CMHC	0	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	364,536	4,300,368	41,175,895	-29,015,576	102,380,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	985	0	0	0	20,463	190.00
194.00 07950	RETAIL PHARMACY	0	0	0	0	0	194.00
194.01 07951	WORKING WELL	0	109,653	1,683,928	0	3,512,355	194.01
194.02 07952	APS DUNELAND SURG ASSOC	0	0	0	0	0	194.02
194.03 07953	MED WATCH	6,080	307	0	0	126,736	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.04 07954 OCCUPATIONAL MED CENTER	0	0	0	0	0	194.04
194.05 07955 PHYSICIAN PRACTICE	0	0	0	0	0	194.05
194.06 07956 DENTAL SERVICES	0	0	0	0	0	194.06
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	4,543	0	0	0	94,378	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	56,749	0	0	65,004	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	0	0	47,323	0	6,904,602	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	13,795	0	0	19,386	194.19
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)	7,814,194	6,234,764	20,401,935		29,015,576	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.774475	1.391418	0.475490		0.256495	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			98,738		1,914,832	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002301		0.016927	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet B-1	
Date/Time Prepared: 5/28/2014 5:30 pm							
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	264,763				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,179	836,772			8.00
9.00	00900	HOUSEKEEPING	6,861	0	198,091		9.00
10.00	01000	DIETARY	10,095	3,120	6,091	119,141	10.00
11.00	01100	CAFETERIA	0	0	4,657	0	57,817
13.00	01300	NURSING ADMINISTRATION	1,707	0	3,080	0	1,564
14.00	01400	CENTRAL SERVICES & SUPPLY	6,602	0	3,575	0	1,630
15.00	01500	PHARMACY	2,693	0	2,385	0	2,004
16.00	01600	MEDICAL RECORDS & LIBRARY	2,924	0	4,937	0	1,507
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,030	393,412	55,692	81,686	13,366
31.00	03100	INTENSIVE CARE UNIT	5,897	39,800	8,055	11,185	2,497
40.00	04000	SUBPROVIDER - I/PF	6,260	87,560	8,496	13,177	1,833
41.00	04100	SUBPROVIDER - I/RF	11,330	31,840	8,315	13,093	2,049
43.00	04300	NURSERY	899	2,080	963	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,911	42,100	31,982	0	8,902
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,212	0	7,212	0	0
53.00	05300	ANESTHESIOLOGY	546	0	450	0	100
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,109	33,920	13,203	0	4,145
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	2,865	0	0	0	874
55.00	05500	RADIOLOGY-THERAPEUTIC	8,956	3,180	2,079	0	753
55.01	05501	WOODLAND CANCER CARE CENTER	10,686	10,800	0	0	817
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,331	2,390	2,542	0	1,011
60.00	06000	LABORATORY	8,979	0	8,105	0	0
60.01	06001	FSED LABORATORY	1,300	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,003	0	1,345	0	1,578
66.00	06600	PHYSICAL THERAPY	1,380	23,880	2,585	0	2,290
69.00	06900	ELECTROCARDIOLOGY	5,534	3,500	3,239	0	1,217
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OB CLINIC	0	0	0	0	0
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0
90.03	09003	INFUSION OP SERVICES	1,393	2,390	983	0	311
90.04	09004	MATERNAL HEA	0	0	0	0	0
91.00	09100	EMERGENCY	20,092	79,600	17,135	0	4,560
91.01	09101	FREE STANDING EMERGENCY DEPT	21,381	36,400	0	0	1,664
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
93.00	04040	ENDOCRINOLOGY	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	253,155	795,972	197,106	119,141	54,672
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	985	0	985	0	0
194.00	07950	RETAIL PHARMACY	0	0	0	0	0
194.01	07951	WORKING WELL	0	0	0	0	3,071
194.02	07952	APS DUNELAND SURG ASSOC	0	0	0	0	0
194.03	07953	MED WATCH	6,080	0	0	0	0
194.04	07954	OCCUPATIONAL MED CENTER	0	0	0	0	0
194.05	07955	PHYSICIAN PRACTICE	0	0	0	0	0
194.06	07956	DENTAL SERVICES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
194.07 07957 DUNELAND MED WATCH	0	0	0	0	0	194.07
194.08 07958 WESTVILLE CLINIC	0	0	0	0	0	194.08
194.09 07959 ORTHOPEDICS	0	0	0	0	0	194.09
194.10 07960 WOMEN SERVICES	4,543	0	0	0	0	194.10
194.11 07961 DUNELAND FITNESS CENTER	0	0	0	0	0	194.11
194.12 07962 CARDIOLOGY ASSOC	0	0	0	0	0	194.12
194.13 07963 DUNELAND FAMILY PRACTICE	0	0	0	0	0	194.13
194.14 07964 ORTHOPEDICS	0	0	0	0	0	194.14
194.15 07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.15
194.16 07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0	74	194.16
194.17 07967 ENT	0	0	0	0	0	194.17
194.18 07968 SLEEP CLINIC	0	0	0	0	0	194.18
194.19 07969 HEALTH PARTNERS	0	40,800	0	0	0	194.19
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)	9,126,739	749,953	2,944,173	1,636,456	1,286,836	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	34.471354	0.896245	14.862730	13.735456	22.257052	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,187,039	113,715	264,761	306,830	24,212	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.483402	0.135897	1.336562	2.575352	0.418770	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	37,705				13.00
14.00	01400	0	10,456,275			14.00
15.00	01500	0	0	100		15.00
16.00	01600	0	0	0	458,810,289	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	13,366	0	0	27,149,913	30.00
31.00	03100	2,497	0	0	4,352,389	31.00
40.00	04000	1,833	0	0	3,360,981	40.00
41.00	04100	1,385	0	0	5,959,447	41.00
43.00	04300	0	0	0	1,079,984	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	8,006	0	0	99,075,581	50.00
52.00	05200	0	0	0	1,987,942	52.00
53.00	05300	0	0	0	3,899,558	53.00
54.00	05400	4,113	0	0	58,435,842	54.00
54.01	05401	0	0	0	9,788,685	54.01
55.00	05500	0	0	0	11,002,865	55.00
55.01	05501	0	0	0	2,038,209	55.01
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	1,011	0	0	12,744,861	59.00
60.00	06000	0	0	0	42,421,760	60.00
60.01	06001	0	0	0	3,798,149	60.01
65.00	06500	0	0	0	7,648,263	65.00
66.00	06600	0	0	0	11,279,094	66.00
69.00	06900	1,217	0	0	10,866,142	69.00
71.00	07100	0	4,810,200	0	14,392,885	71.00
72.00	07200	0	5,646,075	0	12,600,967	72.00
73.00	07300	0	0	100	67,925,887	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.02	09002	0	0	0	0	90.02
90.03	09003	0	0	0	2,463,150	90.03
90.04	09004	0	0	0	0	90.04
91.00	09100	4,277	0	0	37,122,161	91.00
91.01	09101	0	0	0	7,415,574	91.01
92.00	09200	0	0	0	0	92.00
93.00	04040	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	0	0	0	0	96.00
99.00	09900	0	0	0	0	99.00
99.10	09910	0	0	0	0	99.10
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	0	0	0	0	109.00
110.00	11000	0	0	0	0	110.00
111.00	11100	0	0	0	0	111.00
118.00		37,705	10,456,275	100	458,810,289	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
194.04	07954	0	0	0	0	194.04
194.05	07955	0	0	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150015

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)		
		13.00	14.00	15.00	16.00		
194.06	07956 DENTAL SERVICES	0	0	0	0		194.06
194.07	07957 DUNELAND MED WATCH	0	0	0	0		194.07
194.08	07958 WESTVILLE CLINIC	0	0	0	0		194.08
194.09	07959 ORTHOPEDICS	0	0	0	0		194.09
194.10	07960 WOMEN SERVICES	0	0	0	0		194.10
194.11	07961 DUNELAND FITNESS CENTER	0	0	0	0		194.11
194.12	07962 CARDIOLOGY ASSOC	0	0	0	0		194.12
194.13	07963 DUNELAND FAMILY PRACTICE	0	0	0	0		194.13
194.14	07964 ORTHOPEDICS	0	0	0	0		194.14
194.15	07965 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.15
194.16	07966 PHYSICIAN PRACTICE MD WISE	0	0	0	0		194.16
194.17	07967 ENT	0	0	0	0		194.17
194.18	07968 SLEEP CLINIC	0	0	0	0		194.18
194.19	07969 HEALTH PARTNERS	0	0	0	0		194.19
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)	2,810,780	1,992,768	12,946,330	1,844,067		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	74.546612	0.190581	129,463.300000	0.004019		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	278,942	235,260	253,448	112,191		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.398011	0.022499	2,534.480000	0.000245		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	19,584,323	19,584,323	126	19,584,449	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,284,221	4,284,221	13,722	4,297,943	31.00	
40.00	04000 SUBPROVIDER - I/PF	2,870,303	2,870,303	0	2,870,303	40.00	
41.00	04100 SUBPROVIDER - I/PF	2,810,596	2,810,596	0	2,810,596	41.00	
43.00	04300 NURSERY	808,817	808,817	0	808,817	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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	16,202,891	16,202,891	25,292	16,228,183	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,902,348	1,902,348	0	1,902,348	52.00	
53.00	05300 ANESTHESIOLOGY	193,485	193,485	5,798	199,283	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,487,970	8,487,970	0	8,487,970	54.00	
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	1,288,985	1,288,985	0	1,288,985	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	3,249,647	3,249,647	230	3,249,877	55.00	
55.01	05501 WOODLAND CANCER CARE CENTER	2,307,466	2,307,466	5,562	2,313,028	55.01	
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	3,025,711	3,025,711	38,798	3,064,509	59.00	
60.00	06000 LABORATORY	7,986,837	7,986,837	21,388	8,008,225	60.00	
60.01	06001 FSED LABORATORY	1,407,998	1,407,998	0	1,407,998	60.01	
65.00	06500 RESPIRATORY THERAPY	2,078,856	2,078,856	0	2,078,856	65.00	
66.00	06600 PHYSICAL THERAPY	4,080,047	4,080,047	0	4,080,047	66.00	
69.00	06900 ELECTROCARDIOLOGY	2,036,021	2,036,021	0	2,036,021	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,018,570	7,018,570	0	7,018,570	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,870,522	8,870,522	0	8,870,522	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	13,219,324	13,219,324	0	13,219,324	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	90.00	
90.01	09001 OB CLINIC	0	0	0	0	90.01	
90.02	09002 PAIN MANAGEMENT	0	0	0	0	90.02	
90.03	09003 INFUSION OP SERVICES	711,818	711,818	0	711,818	90.03	
90.04	09004 MATERNAL HEA	0	0	0	0	90.04	
91.00	09100 EMERGENCY	8,058,020	8,058,020	1,624	8,059,644	91.00	
91.01	09101 FREE STANDING EMERGENCY DEPT	5,634,340	5,634,340	0	5,634,340	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,888,940	1,888,940	0	1,888,940	92.00	
93.00	04040 ENDOCRINOLOGY	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
99.00	09900 CMHC	0	0	0	0	99.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESITINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	130,008,056	130,008,056	112,540	130,120,596	200.00	
201.00	Less Observation Beds	1,888,940	1,888,940	0	1,888,940	201.00	
202.00	Total (see instructions)	128,119,116	128,119,116	112,540	128,231,656	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,831,913		24,831,913		30.00
31.00	03100	INTENSIVE CARE UNIT	4,352,389		4,352,389		31.00
40.00	04000	SUBPROVIDER - IPF	3,360,981		3,360,981		40.00
41.00	04100	SUBPROVIDER - IRF	5,959,447		5,959,447		41.00
43.00	04300	NURSERY	1,079,984		1,079,984		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,384,894	73,690,687	99,075,581	0.163541	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,886,643	101,299	1,987,942	0.956943	52.00
53.00	05300	ANESTHESIOLOGY	1,676,448	2,223,110	3,899,558	0.049617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,779,910	43,655,932	58,435,842	0.145253	54.00
54.01	05401	FSEED RADIOLOGY - DIAGNOSTIC	629,071	9,159,614	9,788,685	0.131681	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,382,070	9,620,795	11,002,865	0.295346	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	17,998	2,020,211	2,038,209	1.132105	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,840,556	7,904,305	12,744,861	0.237406	59.00
60.00	06000	LABORATORY	16,015,473	26,406,287	42,421,760	0.188272	60.00
60.01	06001	FSEED LABORATORY	33,021	3,765,128	3,798,149	0.370706	60.01
65.00	06500	RESPIRATORY THERAPY	6,909,311	738,952	7,648,263	0.271808	65.00
66.00	06600	PHYSICAL THERAPY	1,440,800	9,838,294	11,279,094	0.361735	66.00
69.00	06900	ELECTROCARDIOLOGY	4,580,701	6,285,441	10,866,142	0.187373	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,359,402	8,033,483	14,392,885	0.487642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,419,677	4,181,290	12,600,967	0.703956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,717,510	40,208,377	67,925,887	0.194614	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OB CLINIC	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0.000000	90.02
90.03	09003	INFUSION OP SERVICES	805,845	1,657,305	2,463,150	0.288987	90.03
90.04	09004	MATERNAL HEA	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	8,896,025	28,226,136	37,122,161	0.217068	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	755,009	6,660,565	7,415,574	0.759798	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	410,786	1,907,214	2,318,000	0.814901	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	172,525,864	286,284,425	458,810,289		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	172,525,864	286,284,425	458,810,289		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163796		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943		52.00
53.00	05300 ANESTHESIOLOGY	0.051104		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253		54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295366		55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.134834		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.240451		59.00
60.00	06000 LABORATORY	0.188776		60.00
60.01	06001 FSED LABORATORY	0.370706		60.01
65.00	06500 RESPIRATORY THERAPY	0.271808		65.00
66.00	06600 PHYSICAL THERAPY	0.361735		66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OB CLINIC	0.000000		90.01
90.02	09002 PAIN MANAGEMENT	0.000000		90.02
90.03	09003 INFUSION OP SERVICES	0.288987		90.03
90.04	09004 MATERNAL HEA	0.000000		90.04
91.00	09100 EMERGENCY	0.217111		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901		92.00
93.00	04040 ENDOCRINOLOGY	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		19,584,323	126	19,584,449	30.00
31.00	03100 INTENSIVE CARE UNIT		4,284,221	13,722	4,297,943	31.00
40.00	04000 SUBPROVIDER - I/PF		2,870,303	0	2,870,303	40.00
41.00	04100 SUBPROVIDER - I/PF		2,810,596	0	2,810,596	41.00
43.00	04300 NURSERY		808,817	0	808,817	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		16,202,891	25,292	16,228,183	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,902,348	0	1,902,348	52.00
53.00	05300 ANESTHESIOLOGY		193,485	5,798	199,283	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,487,970	0	8,487,970	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC		1,288,985	0	1,288,985	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		3,249,647	230	3,249,877	55.00
55.01	05501 WOODLAND CANCER CARE CENTER		2,307,466	5,562	2,313,028	55.01
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,025,711	38,798	3,064,509	59.00
60.00	06000 LABORATORY		7,986,837	21,388	8,008,225	60.00
60.01	06001 FSED LABORATORY		1,407,998	0	1,407,998	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,078,856	0	2,078,856	65.00
66.00	06600 PHYSICAL THERAPY	0	4,080,047	0	4,080,047	66.00
69.00	06900 ELECTROCARDIOLOGY		2,036,021	0	2,036,021	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,018,570	0	7,018,570	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,870,522	0	8,870,522	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,219,324	0	13,219,324	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 OB CLINIC		0	0	0	90.01
90.02	09002 PAIN MANAGEMENT		0	0	0	90.02
90.03	09003 INFUSION OP SERVICES		711,818	0	711,818	90.03
90.04	09004 MATERNAL HEA		0	0	0	90.04
91.00	09100 EMERGENCY		8,058,020	1,624	8,059,644	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT		5,634,340	0	5,634,340	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,888,940	0	1,888,940	92.00
93.00	04040 ENDOCRINOLOGY		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		130,008,056	112,540	130,120,596	200.00
201.00	Less Observation Beds		1,888,940		1,888,940	201.00
202.00	Total (see instructions)		128,119,116	112,540	128,231,656	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,831,913		24,831,913		30.00
31.00	03100	INTENSIVE CARE UNIT	4,352,389		4,352,389		31.00
40.00	04000	SUBPROVIDER - I/PF	3,360,981		3,360,981		40.00
41.00	04100	SUBPROVIDER - I/RF	5,959,447		5,959,447		41.00
43.00	04300	NURSERY	1,079,984		1,079,984		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,384,894	73,690,687	99,075,581	0.163541	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,886,643	101,299	1,987,942	0.956943	52.00
53.00	05300	ANESTHESIOLOGY	1,676,448	2,223,110	3,899,558	0.049617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,779,910	43,655,932	58,435,842	0.145253	54.00
54.01	05401	FSEED RADIOLOGY - DIAGNOSTIC	629,071	9,159,614	9,788,685	0.131681	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,382,070	9,620,795	11,002,865	0.295346	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	17,998	2,020,211	2,038,209	1.132105	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,840,556	7,904,305	12,744,861	0.237406	59.00
60.00	06000	LABORATORY	16,015,473	26,406,287	42,421,760	0.188272	60.00
60.01	06001	FSEED LABORATORY	33,021	3,765,128	3,798,149	0.370706	60.01
65.00	06500	RESPIRATORY THERAPY	6,909,311	738,952	7,648,263	0.271808	65.00
66.00	06600	PHYSICAL THERAPY	1,440,800	9,838,294	11,279,094	0.361735	66.00
69.00	06900	ELECTROCARDIOLOGY	4,580,701	6,285,441	10,866,142	0.187373	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,359,402	8,033,483	14,392,885	0.487642	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,419,677	4,181,290	12,600,967	0.703956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,717,510	40,208,377	67,925,887	0.194614	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OB CLINIC	0	0	0	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0.000000	90.02
90.03	09003	INFUSION OP SERVICES	805,845	1,657,305	2,463,150	0.288987	90.03
90.04	09004	MATERNAL HEA	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	8,896,025	28,226,136	37,122,161	0.217068	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	755,009	6,660,565	7,415,574	0.759798	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	410,786	1,907,214	2,318,000	0.814901	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	172,525,864	286,284,425	458,810,289		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	172,525,864	286,284,425	458,810,289		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 5:30 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0.000000		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 FSED LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OB CLINIC	0.000000		90.01
90.02	09002 PAIN MANAGEMENT	0.000000		90.02
90.03	09003 INFUSION OP SERVICES	0.000000		90.03
90.04	09004 MATERNAL HEA	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.00	04040 ENDOCRINOLOGY	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 5:30 pm
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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	2,354,211	0	2,354,211	20,995	112.13	30.00	
31.00	INTENSIVE CARE UNIT	454,975		454,975	2,786	163.31	31.00	
40.00	SUBPROVIDER - IPF	263,283	0	263,283	2,971	88.62	40.00	
41.00	SUBPROVIDER - IRF	402,517	0	402,517	2,952	136.35	41.00	
43.00	NURSERY	35,764		35,764	488	73.29	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)	3,510,750		3,510,750	30,192		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,838	991,005					30.00
31.00	INTENSIVE CARE UNIT	1,856	303,103					31.00
40.00	SUBPROVIDER - IPF	1,070	94,823					40.00
41.00	SUBPROVIDER - IRF	1,968	268,337					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)	13,732	1,657,268					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 5:30 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,084,112	99,075,581	0.021036	10,611,370	223,221	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	214,498	1,987,942	0.107900	17,266	1,863	52.00
53.00	05300 ANESTHESIOLOGY	25,339	3,899,558	0.006498	664,392	4,317	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,769,413	58,435,842	0.030280	7,799,697	236,175	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	95,304	9,788,685	0.009736	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	362,139	11,002,865	0.032913	868,240	28,576	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	414,344	2,038,209	0.203288	0	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	701,737	12,744,861	0.055060	3,481,015	191,665	59.00
60.00	06000 LABORATORY	364,948	42,421,760	0.008603	7,827,658	67,341	60.00
60.01	06001 FSED LABORATORY	51,925	3,798,149	0.013671	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	122,553	7,648,263	0.016024	3,833,061	61,421	65.00
66.00	06600 PHYSICAL THERAPY	106,418	11,279,094	0.009435	894,209	8,437	66.00
69.00	06900 ELECTROCARDIOLOGY	247,714	10,866,142	0.022797	2,317,747	52,838	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	193,173	14,392,885	0.013421	2,127,863	28,558	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	234,444	12,600,967	0.018605	3,709,129	69,008	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	270,090	67,925,887	0.003976	14,331,649	56,983	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	46,491	2,463,150	0.018875	427,333	8,066	90.03
90.04	09004 MATERNAL HEA	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	770,293	37,122,161	0.020750	3,941,359	81,783	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	1,724,915	7,415,574	0.232607	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	227,066	2,318,000	0.097958	227,476	22,283	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00	Total (lines 50-199)	10,026,916	419,225,575		63,079,464	1,142,535	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,995	0.00	8,838	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,786	0.00	1,856	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,971	0.00	1,070	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,952	0.00	1,968	0		41.00
43.00	04300	NURSERY	488	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	30,192		13,732	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
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	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	55.01	
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	FSED LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
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	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	OB CLINIC	0	0	0	0	90.01	
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02	
90.03	09003	INFUSION OP SERVICES	0	0	0	0	90.03	
90.04	09004	MATERNAL HEA	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
93.00	04040	ENDOCRINOLOGY	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	99,075,581	0.000000	0.000000	10,611,370	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,987,942	0.000000	0.000000	17,266	52.00
53.00	05300 ANESTHESIOLOGY	0	3,899,558	0.000000	0.000000	664,392	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,435,842	0.000000	0.000000	7,799,697	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	9,788,685	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,002,865	0.000000	0.000000	868,240	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	2,038,209	0.000000	0.000000	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,744,861	0.000000	0.000000	3,481,015	59.00
60.00	06000 LABORATORY	0	42,421,760	0.000000	0.000000	7,827,658	60.00
60.01	06001 FSED LABORATORY	0	3,798,149	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	7,648,263	0.000000	0.000000	3,833,061	65.00
66.00	06600 PHYSICAL THERAPY	0	11,279,094	0.000000	0.000000	894,209	66.00
69.00	06900 ELECTROCARDIOLOGY	0	10,866,142	0.000000	0.000000	2,317,747	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,392,885	0.000000	0.000000	2,127,863	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,600,967	0.000000	0.000000	3,709,129	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	67,925,887	0.000000	0.000000	14,331,649	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003 INFUSION OP SERVICES	0	2,463,150	0.000000	0.000000	427,333	90.03
90.04	09004 MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	37,122,161	0.000000	0.000000	3,941,359	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	7,415,574	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,318,000	0.000000	0.000000	227,476	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	0	419,225,575			63,079,464	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	26,956,584	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	592,430	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,978,037	0		54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,048,418	0		55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0		55.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,714,112	0		59.00
60.00	06000 LABORATORY	0	1,492,762	0		60.00
60.01	06001 FSED LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	264,870	0		65.00
66.00	06600 PHYSICAL THERAPY	0	8,941	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,360,887	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,764,172	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,961,217	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	19,850,257	0		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OB CLINIC	0	0	0		90.01
90.02	09002 PAIN MANAGEMENT	0	0	0		90.02
90.03	09003 INFUSION OP SERVICES	0	764,445	0		90.03
90.04	09004 MATERNAL HEA	0	0	0		90.04
91.00	09100 EMERGENCY	0	4,948,487	0		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	598,462	0		92.00
93.00	04040 ENDOCRINOLOGY	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	0	85,304,081	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 5:30 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.163541	26,956,584	0	0	4,408,507	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049617	592,430	0	0	29,395	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	16,978,037	0	0	2,466,111	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295346	2,048,418	0	0	604,992	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.132105	0	0	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.237406	4,714,112	0	0	1,119,158	59.00
60.00	06000 LABORATORY	0.188272	1,492,762	0	0	281,045	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	264,870	0	0	71,994	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	8,941	0	0	3,234	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	2,360,887	0	0	442,366	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	1,764,172	0	0	860,284	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	1,961,217	0	0	1,380,610	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	19,850,257	0	0	3,863,138	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	764,445	0	0	220,915	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.217068	4,948,487	0	0	1,074,158	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	598,462	0	0	487,687	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00	Subtotal (see instructions)		85,304,081	0	0	17,313,594	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		85,304,081	0	0	17,313,594	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 5:30 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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 FSED RADIOLOGY - DIAGNOSTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 WOODLAND CANCER CARE CENTER	0	0		55.01
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 FSED LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OB CLINIC	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
90.03 09003 INFUSION OP SERVICES	0	0		90.03
90.04 09004 MATERNAL HEA	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00 04040 ENDOCRINOLOGY	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015 Component CCN: 15S015		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 5:30 pm		
		Title XVIII		Subprovider - IPF		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	2,084,112	99,075,581	0.021036	4,435	93	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,498	1,987,942	0.107900	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,339	3,899,558	0.006498	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,769,413	58,435,842	0.030280	84,403	2,556	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	95,304	9,788,685	0.009736	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	362,139	11,002,865	0.032913	10,751	354	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	414,344	2,038,209	0.203288	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	701,737	12,744,861	0.055060	0	0	59.00
60.00	06000	LABORATORY	364,948	42,421,760	0.008603	201,833	1,736	60.00
60.01	06001	FSED LABORATORY	51,925	3,798,149	0.013671	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	122,553	7,648,263	0.016024	28,837	462	65.00
66.00	06600	PHYSICAL THERAPY	106,418	11,279,094	0.009435	18,068	170	66.00
69.00	06900	ELECTROCARDIOLOGY	247,714	10,866,142	0.022797	19,380	442	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	193,173	14,392,885	0.013421	1,030	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,444	12,600,967	0.018605	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	270,090	67,925,887	0.003976	392,510	1,561	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OB CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0	0	90.02
90.03	09003	INFUSION OP SERVICES	46,491	2,463,150	0.018875	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	770,293	37,122,161	0.020750	148,794	3,087	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,724,915	7,415,574	0.232607	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,318,000	0.000000	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (Lines 50-199)	9,799,850	419,225,575		910,041	10,475	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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	50.00
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	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	55.01
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	FSED LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	0	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
Title XVIII		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	99,075,581	0.000000	0.000000	4,435	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,987,942	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,899,558	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,435,842	0.000000	0.000000	84,403	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	9,788,685	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,002,865	0.000000	0.000000	10,751	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	2,038,209	0.000000	0.000000	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,744,861	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	42,421,760	0.000000	0.000000	201,833	60.00
60.01	06001	FSED LABORATORY	0	3,798,149	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	7,648,263	0.000000	0.000000	28,837	65.00
66.00	06600	PHYSICAL THERAPY	0	11,279,094	0.000000	0.000000	18,068	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,866,142	0.000000	0.000000	19,380	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,392,885	0.000000	0.000000	1,030	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,600,967	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,925,887	0.000000	0.000000	392,510	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003	INFUSION OP SERVICES	0	2,463,150	0.000000	0.000000	0	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	37,122,161	0.000000	0.000000	148,794	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	7,415,574	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,318,000	0.000000	0.000000	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	0	419,225,575			910,041	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
Title XVIII		Subprovider - IPF	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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 FSED LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OB CLINIC	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0	0	0	90.03
90.04	09004 MATERNAL HEA	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150015 Component CCN: 15T015		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 5:30 pm		
		Title XVIII		Subprovider - IRF		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	2,084,112	99,075,581	0.021036	134,294	2,825	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,498	1,987,942	0.107900	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,339	3,899,558	0.006498	932	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,769,413	58,435,842	0.030280	153,845	4,658	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	95,304	9,788,685	0.009736	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	362,139	11,002,865	0.032913	4,777	157	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	414,344	2,038,209	0.203288	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	701,737	12,744,861	0.055060	0	0	59.00
60.00	06000	LABORATORY	364,948	42,421,760	0.008603	215,276	1,852	60.00
60.01	06001	FSED LABORATORY	51,925	3,798,149	0.013671	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	122,553	7,648,263	0.016024	143,705	2,303	65.00
66.00	06600	PHYSICAL THERAPY	106,418	11,279,094	0.009435	64,060	604	66.00
69.00	06900	ELECTROCARDIOLOGY	247,714	10,866,142	0.022797	19,154	437	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	193,173	14,392,885	0.013421	26,970	362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	234,444	12,600,967	0.018605	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	270,090	67,925,887	0.003976	835,351	3,321	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OB CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0	0	90.02
90.03	09003	INFUSION OP SERVICES	46,491	2,463,150	0.018875	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	770,293	37,122,161	0.020750	9,275	192	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,724,915	7,415,574	0.232607	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,318,000	0.000000	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (Lines 50-199)	9,799,850	419,225,575		1,607,639	16,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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	50.00
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	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	0	0	0	55.01
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	FSED LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OB CLINIC	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
90.03	09003	INFUSION OP SERVICES	0	0	0	0	90.03
90.04	09004	MATERNAL HEA	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
Title XVIII		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	99,075,581	0.000000	0.000000	134,294	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,987,942	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,899,558	0.000000	0.000000	932	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,435,842	0.000000	0.000000	153,845	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	9,788,685	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,002,865	0.000000	0.000000	4,777	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	0	2,038,209	0.000000	0.000000	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,744,861	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	42,421,760	0.000000	0.000000	215,276	60.00
60.01	06001	FSED LABORATORY	0	3,798,149	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	7,648,263	0.000000	0.000000	143,705	65.00
66.00	06600	PHYSICAL THERAPY	0	11,279,094	0.000000	0.000000	64,060	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,866,142	0.000000	0.000000	19,154	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,392,885	0.000000	0.000000	26,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,600,967	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	67,925,887	0.000000	0.000000	835,351	73.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OB CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0.000000	0.000000	0	90.02
90.03	09003	INFUSION OP SERVICES	0	2,463,150	0.000000	0.000000	0	90.03
90.04	09004	MATERNAL HEA	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	37,122,161	0.000000	0.000000	9,275	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	7,415,574	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,318,000	0.000000	0.000000	0	92.00
93.00	04040	ENDOCRINOLOGY	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	0	419,225,575			1,607,639	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 5:30 pm
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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 FSED LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OB CLINIC	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0	0	0	90.03
90.04	09004 MATERNAL HEA	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 5:30 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,995	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,995	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)		18,970	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,838	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)		19,584,449	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)		19,584,449	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)		19,584,449	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)		932.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,244,175	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,244,175	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	4,297,943	2,786	1,542.69	1,856	2,863,233	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,894,664	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,002,072	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)					1,294,108	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,142,535	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,436,643	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,565,429	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,025	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					932.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,888,940	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,354,211	19,584,449	0.120208	1,888,940	227,066	90.00
91.00	Nursing School cost	0	19,584,449	0.000000	1,888,940	0	91.00
92.00	Allied health cost	0	19,584,449	0.000000	1,888,940	0	92.00
93.00	All other Medical Education	0	19,584,449	0.000000	1,888,940	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015 Component CCN: 15S015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm
		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)		2,971	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,971	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)		2,971	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)		1,070	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)		2,870,303	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)		2,870,303	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)		2,870,303	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)		966.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,033,738	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)		1,033,738	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S015				Date/Time Prepared: 5/28/2014 5:30 pm	
		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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					181,462		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,215,200		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)					94,823		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,475		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					105,298		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,109,902		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: 150015 Component CCN: 15S015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm	
		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	263,283	2,870,303	0.091727	0	0	90.00
91.00	Nursing School cost	0	2,870,303	0.000000	0	0	91.00
92.00	Allied health cost	0	2,870,303	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,870,303	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm
		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)		2,952	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,952	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)		2,952	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)		1,968	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)		2,810,596	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)		2,810,596	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)		2,810,596	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)		952.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,873,733	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)		1,873,733	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T015				Date/Time Prepared: 5/28/2014 5:30 pm	
		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
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)					330,000		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,203,733		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)					268,337		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,717		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					285,054		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,918,679		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: 150015 Component CCN: 15T015		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 5:30 pm	
		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	402,517	2,810,596	0.143214	0	0	90.00
91.00	Nursing School cost	0	2,810,596	0.000000	0	0	91.00
92.00	Allied health cost	0	2,810,596	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,810,596	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,050,319	30.00
31.00	03100	INTENSIVE CARE UNIT		2,157,195	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163796	10,611,370	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.956943	17,266	52.00
53.00	05300	ANESTHESIOLOGY	0.051104	664,392	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145253	7,799,697	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.295366	868,240	55.00
55.01	05501	WOODLAND CANCER CARE CENTER	1.134834	0	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.240451	3,481,015	59.00
60.00	06000	LABORATORY	0.188776	7,827,658	60.00
60.01	06001	FSED LABORATORY	0.370706	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.271808	3,833,061	65.00
66.00	06600	PHYSICAL THERAPY	0.361735	894,209	66.00
69.00	06900	ELECTROCARDIOLOGY	0.187373	2,317,747	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	2,127,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.703956	3,709,129	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194614	14,331,649	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OB CLINIC	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0.000000	0	90.02
90.03	09003	INFUSION OP SERVICES	0.288987	427,333	90.03
90.04	09004	MATERNAL HEA	0.000000	0	90.04
91.00	09100	EMERGENCY	0.217111	3,941,359	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.759798	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.814901	227,476	92.00
93.00	04040	ENDOCRINOLOGY	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		63,079,464	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)		63,079,464	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S015		Date/Time Prepared: 5/28/2014 5:30 pm	
		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
40.00	04000 SUBPROVIDER - IPF		1,204,820		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	0.163796	4,435	726	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051104	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	84,403	12,260	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295366	10,751	3,175	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.134834	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.240451	0	0	59.00
60.00	06000 LABORATORY	0.188776	201,833	38,101	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	28,837	7,838	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	18,068	6,536	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	19,380	3,631	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	1,030	502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	392,510	76,388	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	0	0	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.217111	148,794	32,305	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		910,041	181,462	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)		910,041		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 5:30 pm	
		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
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,920,160		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163796	134,294	21,997	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051104	932	48	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	153,845	22,346	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295366	4,777	1,411	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.134834	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.240451	0	0	59.00
60.00	06000 LABORATORY	0.188776	215,276	40,639	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	143,705	39,060	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	64,060	23,173	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	19,154	3,589	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	26,970	13,152	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	835,351	162,571	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	0	0	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.217111	9,275	2,014	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		1,607,639	330,000	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,607,639		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 5:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,759,107		30.00
31.00	03100 INTENSIVE CARE UNIT		564,911		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		814,745		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163541	3,937,719	643,979	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049617	246,606	12,236	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	1,851,898	268,994	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295346	177,270	52,356	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.132105	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.237406	566,606	134,516	59.00
60.00	06000 LABORATORY	0.188272	2,652,593	499,409	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	975,612	265,179	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	125,743	45,486	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	585,035	109,620	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	553,539	269,929	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	1,526,050	1,074,272	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	4,581,837	891,690	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	121,100	34,996	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.217068	960,123	208,412	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		18,861,731	4,511,074	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		18,861,731		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S015		Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XIX	Subprovider - IPF	Cost	
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
40.00	04000 SUBPROVIDER - IPF		1,023,659		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	0.163541	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049617	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295346	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.132105	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.237406	0	0	59.00
60.00	06000 LABORATORY	0.188272	0	0	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	3,808	714	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	138	67	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	297,028	57,806	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	0	0	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.217068	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		300,974	58,587	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)		300,974		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T015		Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XIX	Subprovider - IRF	Cost	
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
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		508,627		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163541	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.956943	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049617	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145253	0	0	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.131681	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.295346	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CENTER	1.132105	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.237406	0	0	59.00
60.00	06000 LABORATORY	0.188272	0	0	60.00
60.01	06001 FSED LABORATORY	0.370706	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.271808	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.361735	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.187373	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.487642	686	335	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.703956	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194614	58,617	11,408	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OB CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	90.02
90.03	09003 INFUSION OP SERVICES	0.288987	0	0	90.03
90.04	09004 MATERNAL HEA	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.217068	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.759798	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.814901	0	0	92.00
93.00	04040 ENDOCRINOLOGY	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		59,303	11,743	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)		59,303		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 5:30 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		14,683,244	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,934,247	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)		188,422	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		1,935,322	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		143.45	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)		3.86	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.89	31.00
32.00	Sum of lines 30 and 31		24.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.63	33.00
34.00	Disproportionate share adjustment (see instructions)		1,532,788	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,409,487	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			355,268	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		355,268		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)		21,693,969		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)		21,693,969		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,660,648		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			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)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,354,617		59.00
60.00	Primary payer payments			6,308	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,348,309		61.00
62.00	Deductibles billed to program beneficiaries			2,303,142	62.00
63.00	Coinurance billed to program beneficiaries			60,976	63.00
64.00	Allowable bad debts (see instructions)			452,901	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			294,386	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			144,578	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,278,577		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			-781	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			64,785	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-9,868	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: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,332,713		71.00
71.01	Sequestration adjustment (see instructions)		322,124		71.01
72.00	Interim payments		21,070,637		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		-60,048		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 5:30 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,313,594	2.00
3.00	PPS payments		15,769,595	3.00
4.00	Outlier payment (see instructions)		49,106	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		15,818,701	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)		3,508,944	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)		12,309,757	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)		12,309,757	30.00
31.00	Primary payer payments		3,152	31.00
32.00	Subtotal (line 30 minus line 31)		12,306,605	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)		451,553	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		293,509	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		252,434	36.00
37.00	Subtotal (see instructions)		12,600,114	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		12,600,114	40.00
40.01	Sequestration adjustment (see instructions)		190,262	40.01
41.00	Interim payments		12,386,017	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		23,835	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150015

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,070,637		12,386,017	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)		21,070,637		12,386,017	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		23,835	6.01	
6.02	SETTLEMENT TO PROGRAM		60,048		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,010,589		12,409,852	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: 150015
Component CCN: 15S015

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 5:30 pm

Title XVIII

Subprovider -
IPF

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		733,870		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)		733,870		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		16,026		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		749,896		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: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XVIII	Subprovider - IRF	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				0
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		2,624,984		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		2,624,984		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		27,723		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,652,707		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150015

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 5:30 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,621 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,694 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,068 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			21,756 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			458,810,289 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			29,107,100 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,670,648 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,670,648 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,826,382 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)			-155,734 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/28/2014 5:30 pm
		Component CCN: 15S015	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)		800,734	1.00
2.00	Net IPF PPS Outlier Payments		53,976	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)		8.139726	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)		854,710	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)		854,710	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		854,710	18.00
19.00	Deductibles		96,974	19.00
20.00	Subtotal (line 18 minus line 19)		757,736	20.00
21.00	Coinsurance		11,840	21.00
22.00	Subtotal (line 20 minus line 21)		745,896	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		25,034	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		16,272	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,710	25.00
26.00	Subtotal (sum of lines 22 and 24)		762,168	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)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER		-775	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		761,393	31.00
31.01	Sequestration adjustment (see instructions)		11,497	31.01
32.00	Interim payments		733,870	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		16,026	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		53,976	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: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 5:30 pm	
		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)		2,004,316	548,663	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0351		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		98,813	18,490	3.00
4.00	Outlier Payments		61,484		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)		8.087671		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)		2,731,766		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)		2,731,766		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		2,731,766		19.00
20.00	Deductibles		20,128		20.00
21.00	Subtotal (line 19 minus line 20)		2,711,638		21.00
22.00	Coinurance		17,464		22.00
23.00	Subtotal (line 21 minus line 22)		2,694,174		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0		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)		2,694,174		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)		0		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER		-797		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		2,693,377		32.00
32.01	Sequestration adjustment (see instructions)		40,670		32.01
33.00	Interim payments		2,624,984		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		27,723		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		61,484		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: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 5:30 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		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	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	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		18,861,731	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		18,861,731	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		18,861,731	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		18,861,731	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	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	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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	0	40.00
41.00	Interim payments		0	0	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: 150015 Component CCN: 15S015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 5:30 pm
		Title XIX	Subprovider - IPF	Cost
		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	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	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	300,974	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	300,974	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	300,974	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	300,974	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	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: 150015 Component CCN: 15T015	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 5:30 pm
		Title XIX	Subprovider - IRF	Cost
		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	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	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	59,303	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	59,303	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	59,303	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	59,303	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	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

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

Provider CCN: 150015

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

Worksheet G

Date/Time Prepared:
5/28/2014 5:30 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	61,515,574	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	29,278,210	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,802,193	0	0	0	6.00
7.00	Inventory	3,256,175	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,425,922	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)	84,673,688	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,650,028	0	0	0	12.00
13.00	Land improvements	3,977,433	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	92,240,747	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	106,433,570	0	0	0	19.00
20.00	Accumulated depreciation	-99,551,318	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)	109,750,460	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	4,044,184	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,044,184	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	198,468,332	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,315,239	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,258,720	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,114,991	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	2,457,396	0	0	0	43.00
44.00	Other current liabilities	1,294,495	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,440,841	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	4,695,340	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,748,411	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,443,751	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	25,884,592	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	172,583,740				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	172,583,740	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	198,468,332	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150015

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 5:30 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		153,841,076		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,766,311			2.00
3.00	Total (sum of line 1 and line 2)		156,607,387		0	3.00
4.00	ADDITIONS	15,976,353		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)		15,976,353		0	10.00
11.00	Subtotal (line 3 plus line 10)		172,583,740		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)		172,583,740		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: 150015

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 5:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	25,912,205		25,912,205	1.00
2.00	SUBPROVIDER - IPF	5,959,447		5,959,447	2.00
3.00	SUBPROVIDER - IRF	3,360,981		3,360,981	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				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,232,633		35,232,633	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,352,389		4,352,389	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,352,389		4,352,389	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,585,022		39,585,022	17.00
18.00	Ancillary services	122,074,000	247,836,860	369,910,860	18.00
19.00	Outpatient services	10,866,989	38,447,417	49,314,406	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	0	2,479,029	2,479,029	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	172,526,011	288,763,306	461,289,317	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		153,076,120		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		153,076,120		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150015

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 5:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	461,289,317	1.00
2.00	Less contractual allowances and discounts on patients' accounts	306,400,166	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,889,151	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	153,076,120	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,813,031	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,087,374	24.00
24.01	PREMIUM REVENUE	6,698,717	24.01
24.02	BAD DEBTS	-7,832,828	24.02
24.03	NET ASSETS RELEASED FROM OPERATIONS	336,169	24.03
24.04	TOTAL NON-OPERATING REVENUE	-336,152	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	953,280	25.00
26.00	Total (line 5 plus line 25)	2,766,311	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)	2,766,311	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150015	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 5:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,555,797	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,883	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)		59.61	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)		3.86	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.89	8.00
9.00	Sum of lines 7 and 8		24.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.14	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		79,968	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,660,648	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