

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: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet 5 Parts I-III Date/Time Prepared: 5/30/2014 1:38 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2014	Time: 1:38 pm
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.	

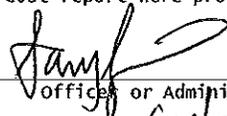
**PART II - CERTIFICATION**  
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH 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 HENDRICKS REGIONAL HEALTH ( 150005 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/30/2014 Time: 1:38 pm  
 m.ymfyXapRLiS8vq.kpmwZE6HyZyn0  
 FiK1q0fUhqmizvngzXcvhUbazefb3x  
 MoSq1MiU5E0msOd3  
 PI: Date: 5/30/2014 Time: 1:38 pm  
 K7o9RuqINML1LWadeAOiReU1e.odh0  
 MURmLOvu:Mb1vVI286ptzQTUKE.s6U  
 GUNR0GVIsa0xVIEI

(Signed)   
 \_\_\_\_\_  
 Controller  
 Title  
 6/2/14  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-93,984	17,432	80,674	125,938	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	-93,984	17,432	80,674	125,938	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: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 1:36 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1000 EAST MAIN STREET		PO Box:						1.00		
2.00	City: DANVILLE		State: IN		Zip Code: 46122-1409		County: HENDRICKS		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)					2			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		868	431	0	0	1,608	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 1:36 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<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 Site	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	Unweighted FTEs Nonprovi der Site	Unweighted 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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 1:36 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	847,310	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 1:36 pm								
1.00		2.00		3.00										
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.														
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00								
142.00	Street:	PO Box:				142.00								
143.00	City:	State:		Zip Code:		143.00								
						1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00							
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y 145.00							
						1.00								
						2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00							
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00							
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00							
		Part A		Part B		Title V		Title XIX						
		1.00		2.00		3.00		4.00						
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)														
155.00	Hospital	N		N		N		N 155.00						
156.00	Subprovider - IPF	N		N		N		N 156.00						
157.00	Subprovider - IRF	N		N		N		N 157.00						
158.00	SUBPROVIDER							158.00						
159.00	SNF	N		N		N		N 159.00						
160.00	HOME HEALTH AGENCY	N		N		N		N 160.00						
161.00	CMHC			N		N		N 161.00						
						1.00								
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		Zip Code		CBSA		FTE/Campus		
		0		1.00		2.00		3.00		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5										0.00		166.00	
						1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act														
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00					
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0 168.00					
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75		169.00					
						Beginning		Ending						
						1.00		2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						10/01/2012		09/30/2013		170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 1:36 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
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
		Y/N			
		1.00	2.00	3.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/09/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150005

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/09/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	112	40,880	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)		112	40,880	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		124	45,260	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		124				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: 150005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,508	779	15,630			1.00
2.00 HMO and other (see instructions)	1,565	1,666				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,508	779	15,630			7.00
8.00 INTENSIVE CARE UNIT	1,054	0	2,038			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	2,602			13.00
14.00 Total (see instructions)	8,562	779	20,270	0.00	1,249.31	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,249.31	27.00
28.00 Observation Bed Days		0	3,155			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	462	1,095			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: 150005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 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	2,015	261	5,116	1.00
2.00 HMO and other (see instructions)			359			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	2,015	261	5,116	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 1:36 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	85,963,850	0	85,963,850	2,598,562.00	33.08	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)		26,091,610	143,980	26,235,590	546,491.00	48.01	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		1,076,727	0	1,076,727	15,321.00	70.28	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		303,602	0	303,602	3,421.00	88.75	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		17,476,395	0	17,476,395			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,687,663	0	5,687,663			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	2,092,854	-1,133,127	959,727	33,017.00	29.07	26.00
27.00	Administrative & General	5.00	7,239,323	118,426	7,357,749	233,346.00	31.53	27.00
28.00	Administrative & General under contract (see inst.)		2,547,215	0	2,547,215	13,869.00	183.66	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,032,960	39,993	2,072,953	87,368.00	23.73	30.00
31.00	Laundry & Linen Service	8.00	266,313	3,369	269,682	19,374.00	13.92	31.00
32.00	Housekeeping	9.00	1,987,915	29,664	2,017,579	133,419.00	15.12	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,538,442	-1,109,546	428,896	22,775.00	18.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,138,008	1,138,008	75,473.00	15.08	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,934,144	29,809	1,963,953	60,815.00	32.29	38.00
39.00	Central Services and Supply	14.00	585,809	10,136	595,945	29,918.00	19.92	39.00
40.00	Pharmacy	15.00	1,759,797	32,958	1,792,755	51,426.00	34.86	40.00
41.00	Medical Records & Medical Records Library	16.00	1,350,230	23,525	1,373,755	64,094.00	21.43	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,582,900	28,237	1,611,137	45,475.00	35.43	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: 150005

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2014 1:36 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	88,511,065	0	88,511,065	2,612,431.00	33.88	1.00
2.00	Excluded area salaries (see instructions)	26,091,610	143,980	26,235,590	546,491.00	48.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,419,455	-143,980	62,275,475	2,065,940.00	30.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,380,329	0	1,380,329	18,742.00	73.65	4.00
5.00	Subtotal wage-related costs (see inst.)	17,476,395	0	17,476,395	0.00	28.06	5.00
6.00	Total (sum of lines 3 thru 5)	81,276,179	-143,980	81,132,199	2,084,682.00	38.92	6.00
7.00	Total overhead cost (see instructions)	24,917,902	-788,548	24,129,354	870,369.00	27.72	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2014 1:36 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,629,000	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		14,028,114	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		277,270	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)		9,155	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		210,799	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		5,482,309	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		54,608	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		1,297,262	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		175,541	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		23,164,058	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150005

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2014 1:36 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/30/2014 1:36 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.337885	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			11,149,127	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			30,329,216	6.00	
7.00	Medicaid cost (line 1 times line 6)			10,247,787	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			4,610,000	0	4,610,000
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			1,557,650	0	1,557,650
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			1,557,650	0	1,557,650
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			20,781,728		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			153,830		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			20,627,898		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			6,969,857		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,527,507		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,527,507		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		18,847,480		18,847,480	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,092,854	1,849,180	3,942,034	-1,131,643	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,239,323	19,701,722	26,941,045	162,828	5.00
7.00	00700	OPERATION OF PLANT	2,032,960	4,118,739	6,151,699	53,631	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	266,313	329,401	595,714	21,377	8.00
9.00	00900	HOUSEKEEPING	1,987,915	1,178,881	3,166,796	29,829	9.00
10.00	01000	DIETARY	1,538,442	1,719,581	3,258,023	-2,381,996	10.00
11.00	01100	CAFETERIA	0	0	0	2,410,008	11.00
13.00	01300	NURSING ADMINISTRATION	1,934,144	848,584	2,782,728	29,175	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	585,809	1,171,831	1,757,640	-440,950	14.00
15.00	01500	PHARMACY	1,759,797	7,626,842	9,386,639	-5,524,697	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,350,230	884,396	2,234,626	23,522	16.00
17.00	01700	SOCIAL SERVICE	1,582,900	821,642	2,404,542	31,309	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,283,761	4,167,558	15,451,319	-242,531	30.00
31.00	03100	INTENSIVE CARE UNIT	1,851,319	849,150	2,700,469	-121,668	31.00
43.00	04300	NURSERY	164,564	147,296	311,860	-53,526	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,484,827	6,043,631	7,528,458	3,627,008	50.00
50.01	05001	ENDOSCOPY	782,430	568,990	1,351,420	-163,779	50.01
51.00	05100	RECOVERY ROOM	1,207,731	506,890	1,714,621	-90,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	713,660	200,403	914,063	-36,957	52.00
53.00	05300	ANESTHESIOLOGY	0	1,979,655	1,979,655	-154,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,608,949	3,184,080	6,793,029	-233,792	54.00
54.01	05401	RADIATION-ONCOLOGY	804,629	9,108,718	9,913,347	-55,810	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	151,790	199,846	351,636	77,030	56.00
59.00	05900	CARDIAC CATHETERIZATION	432,235	1,138,511	1,570,746	-629,164	59.00
60.00	06000	LABORATORY	2,495,270	4,316,440	6,811,710	52,350	60.00
64.00	06400	INTRAVENOUS THERAPY	952,587	338,520	1,291,107	14,793	64.00
65.00	06500	RESPIRATORY THERAPY	1,584,595	826,624	2,411,219	-49,291	65.00
66.00	06600	PHYSICAL THERAPY	3,652,263	1,756,577	5,408,840	-45,723	66.00
67.00	06700	OCCUPATIONAL THERAPY	313,543	125,985	439,528	4,943	67.00
68.00	06800	SPEECH PATHOLOGY	322,959	103,487	426,446	6,240	68.00
69.00	06900	ELECTROCARDIOLOGY	328,631	624,192	952,823	-734,672	69.00
69.01	06901	CARDIAC REHAB	369,018	128,487	497,505	3,697	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	101,316	55,403	156,719	2,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,394,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,498,333	73.00
73.01	07301	ULTRA SOUND	469,041	131,382	600,423	-8,843	73.01
74.00	07400	RENAL DIALYSIS	0	114,292	114,292	-2,460	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,484,637	3,875,211	5,359,848	-419,113	90.00
91.00	09100	EMERGENCY	2,941,798	1,889,652	4,831,450	-233,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,872,240	101,479,259	161,351,499	687,217	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,837,750	13,715,463	35,553,213	-680,990	192.00
192.01	19201	HEALTH TRACKS	2,686,871	1,032,355	3,719,226	7,073	192.01
194.00	07950	PRIMARY CARE CLINIC	592,107	158,517	750,624	3,583	194.00
194.01	07951	PARTNERS IN CARE	409,611	243,039	652,650	-14,852	194.01
194.02	07952	OCCUPATIONAL MEDICINE	194,321	588,653	782,974	-4,804	194.02
194.03	07953	FOUNDATION	122,737	47,702	170,439	2,351	194.03
194.04	07954	SCHOOL & TOWN CLINICS	248,213	50,097	298,310	422	194.04
200.00		TOTAL (SUM OF LINES 118-199)	85,963,850	117,315,085	203,278,935	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-669,495	18,177,985	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-79,472	2,730,919	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,658,667	18,445,206	5.00
7.00	00700	OPERATION OF PLANT	0	6,205,330	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-24,342	592,749	8.00
9.00	00900	HOUSEKEEPING	0	3,196,625	9.00
10.00	01000	DIETARY	-371,343	504,684	10.00
11.00	01100	CAFETERIA	-728,838	1,681,170	11.00
13.00	01300	NURSING ADMINISTRATION	-8,645	2,803,258	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,936	1,314,754	14.00
15.00	01500	PHARMACY	0	3,861,942	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-57,187	2,200,961	16.00
17.00	01700	SOCIAL SERVICE	0	2,435,851	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,270,741	12,938,047	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,578,801	31.00
43.00	04300	NURSERY	0	258,334	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,756,927	9,398,539	50.00
50.01	05001	ENDOSCOPY	0	1,187,641	50.01
51.00	05100	RECOVERY ROOM	0	1,624,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	877,106	52.00
53.00	05300	ANESTHESIOLOGY	0	1,824,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-67,985	6,491,252	54.00
54.01	05401	RADIATION-ONCOLOGY	-14	9,857,523	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	428,666	56.00
59.00	05900	CARDIAC CATHETERIZATION	-193,968	747,614	59.00
60.00	06000	LABORATORY	-1,551	6,862,509	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,305,900	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,361,928	65.00
66.00	06600	PHYSICAL THERAPY	-433,660	4,929,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	-43,150	401,321	67.00
68.00	06800	SPEECH PATHOLOGY	0	432,686	68.00
69.00	06900	ELECTROCARDIOLOGY	-114,329	103,822	69.00
69.01	06901	CARDIAC REHAB	0	501,202	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	159,002	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,394,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-400	5,497,933	73.00
73.01	07301	ULTRA SOUND	0	591,580	73.01
74.00	07400	RENAL DIALYSIS	0	111,832	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	4,940,735	90.00
91.00	09100	EMERGENCY	-458,964	4,138,916	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,941,614	146,097,102	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	34,872,223	192.00
192.01	19201	HEALTH TRACKS	0	3,726,299	192.01
194.00	07950	PRIMARY CARE CLINIC	0	754,207	194.00
194.01	07951	PARTNERS IN CARE	0	637,798	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	778,170	194.02
194.03	07953	FOUNDATION	0	172,790	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	298,732	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-15,941,614	187,337,321	200.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - DRUG RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,498,333	1.00	
2.00	INTRAVENOUS THERAPY	64.00	0	49,538	2.00	
	TOTALS		0	5,547,871		
<b>B - MOB PLANT RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,381	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	44,410	2.00	
3.00	OPERATION OF PLANT	7.00	0	13,644	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	18,008	4.00	
5.00	SOCIAL SERVICE	17.00	0	3,072	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,567	6.00	
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	73,831	7.00	
8.00	LABORATORY	60.00	0	11,335	8.00	
9.00	PHYSICAL THERAPY	66.00	0	20,044	9.00	
10.00	OCCUPATIONAL THERAPY	67.00	0	2,228	10.00	
11.00	CLINIC	90.00	0	113,774	11.00	
	TOTALS		0	345,294		
<b>C - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	1,138,008	1,272,000	1.00	
	TOTALS		1,138,008	1,272,000		
<b>D - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,394,247	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	1,394,247		
<b>E - BONUS RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	118,426	0	1.00	
2.00	OPERATION OF PLANT	7.00	39,993	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	3,369	0	3.00	
4.00	HOUSEKEEPING	9.00	29,664	0	4.00	
5.00	DIETARY	10.00	28,462	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	29,809	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	10,136	0	7.00	
8.00	PHARMACY	15.00	32,958	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	23,525	0	9.00	
10.00	SOCIAL SERVICE	17.00	28,237	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	181,319	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	32,581	0	12.00	
13.00	OPERATING ROOM	50.00	27,500	0	13.00	
14.00	ENDOSCOPY	50.01	14,384	0	14.00	
15.00	RECOVERY ROOM	51.00	22,849	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	68,489	0	16.00	
17.00	RADIATION-ONCOLOGY	54.01	17,675	0	17.00	
18.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	3,737	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	9,747	0	19.00	
20.00	LABORATORY	60.00	45,105	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	16,459	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	20,993	0	22.00	
23.00	PHYSICAL THERAPY	66.00	61,498	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	4,918	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	6,240	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	12,518	0	26.00	
27.00	CARDIAC REHAB	69.01	6,527	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	2,285	0	28.00	
29.00	ULTRA SOUND	73.01	8,598	0	29.00	
30.00	CLINIC	90.00	28,296	0	30.00	
31.00	EMERGENCY	91.00	52,850	0	31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	94,785	0	32.00	
33.00	HEALTH TRACKS	192.01	28,424	0	33.00	
34.00	PRIMARY CARE CLINIC	194.00	3,664	0	34.00	
35.00	PARTNERS IN CARE	194.01	9,762	0	35.00	
36.00	OCCUPATIONAL MEDICINE	194.02	3,653	0	36.00	
37.00	FOUNDATION	194.03	2,351	0	37.00	
38.00	SCHOOL & TOWN CLINICS	194.04	1,341	0	38.00	
	TOTALS		1,133,127	0		
<b>F - MEDICAL SUPPLY RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	3,599,508	1.00	
2.00	HOUSEKEEPING	9.00	0	165	2.00	
3.00	CLINIC	90.00	0	53	3.00	
4.00		0.00	0	0	4.00	

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	<b>TOTALS</b>		0	3,599,726		
500.00	Grand Total: Increases		2,271,135	12,159,138		500.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DRUG RECLASS</b>							
1.00	PHARMACY	15.00	0	5,547,871	0		1.00
2.00		0.00	0	0	0		2.00
	<b>TOTALS</b>		0	5,547,871			
<b>B - MOB PLANT RECLASS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	345,294	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	<b>TOTALS</b>		0	345,294			
<b>C - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,138,008	1,272,000	0		1.00
	<b>TOTALS</b>		1,138,008	1,272,000			
<b>D - IMPLANTABLE DEVICES</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,394	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	744,157	0		2.00
3.00	RENAL DIALYSIS	74.00	0	2,460	0		3.00
4.00	CLINIC	90.00	0	561,236	0		4.00
	<b>TOTALS</b>		0	1,394,247			
<b>E - BONUS RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,133,127	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
	<b>TOTALS</b>		1,133,127	0			
<b>F - MEDICAL SUPPLY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	897	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8	0		2.00
3.00	OPERATION OF PLANT	7.00	0	6	0		3.00
4.00	DIETARY	10.00	0	450	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	634	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	451,086	0		6.00
7.00	PHARMACY	15.00	0	9,784	0		7.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:  
5/30/2014 1:36 pm

		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	423,850	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	154,249	0		10.00
11.00	NURSERY	43.00	0	53,526	0		11.00
12.00	ENDOSCOPY	50.01	0	178,163	0		12.00
13.00	RECOVERY ROOM	51.00	0	113,340	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	36,957	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	154,710	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	258,454	0		16.00
17.00	RADIATION-ONCOLOGY	54.01	0	73,485	0		17.00
18.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	538	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	638,911	0		19.00
20.00	LABORATORY	60.00	0	4,090	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	51,204	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	70,284	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	127,265	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	2,203	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	3,033	0		25.00
26.00	CARDIAC REHAB	69.01	0	2,830	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	2	0		27.00
28.00	ULTRA SOUND	73.01	0	17,441	0		28.00
29.00	EMERGENCY	91.00	0	286,420	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	430,481	0		30.00
31.00	HEALTH TRACKS	192.01	0	21,351	0		31.00
32.00	PRIMARY CARE CLINIC	194.00	0	81	0		32.00
33.00	PARTNERS IN CARE	194.01	0	24,614	0		33.00
34.00	OCCUPATIONAL MEDICINE	194.02	0	8,457	0		34.00
35.00	SCHOOL & TOWN CLINICS	194.04	0	919	0		35.00
	TOTALS		0	3,599,726			
500.00	Grand Total: Decreases		2,271,135	12,159,138			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	16,307,701	0	0	0	1.00
2.00	Land Improvements	6,005,567	5,000	0	5,000	2.00
3.00	Buildings and Fixtures	240,198,636	5,422,435	0	5,422,435	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	70,424,479	4,135,182	0	4,135,182	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	332,936,383	9,562,617	0	9,562,617	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	332,936,383	9,562,617	0	9,562,617	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	16,307,701	0			1.00
2.00	Land Improvements	6,010,567	0			2.00
3.00	Buildings and Fixtures	245,621,071	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	74,559,661	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	342,499,000	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	342,499,000	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,046,106	0	5,572,129	229,245	0	1.00
3.00	Total (sum of lines 1-2)	13,046,106	0	5,572,129	229,245	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	18,847,480				1.00
3.00	Total (sum of lines 1-2)	0	18,847,480				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,046,106	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	13,046,106	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,902,634	229,245	0	0	18,177,985	1.00
3.00	Total (sum of lines 1-2)	4,902,634	229,245	0	0	18,177,985	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:  
5/30/2014 1:36 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-653,627	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,106,761			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-727,811	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.00 ADMINI TTING TELEPHONE (EQUI PMENT)	A	-20,579	ADMINI STRATI VE & GENERAL		5.00		0	33.00
33.01 ACCOUNTING NON-OP REVENUE	B	-78,950	ADMINI STRATI VE & GENERAL		5.00		0	33.01
34.00 ADMINI TTING TELEPHONE (SALARY)	A	-52,755	ADMINI STRATI VE & GENERAL		5.00		0	34.00
35.00 MARKETI NG DEPARTMENT	A	-1,419,595	ADMINI STRATI VE & GENERAL		5.00		0	35.00
36.00 STAFF EDUCATI ON ED DEPT COURSES	B	-8,645	NURSI NG ADMINI STRATI ON		13.00		0	36.00
37.00 CBC - OB UNIT ED DEPT COURSES	B	-7,460	ADULTS & PEDI ATRI CS		30.00		0	37.00
38.00 EMS PROGRAM ED DEPT COURSES	B	-76,842	EMERGENCY		91.00		0	38.00
39.00 LABORATORY MISC. SERVI CES	B	-1,545	LABORATORY		60.00		0	39.00
40.00 RADI OLOGY MISC. /OTHER	B	-30	RADI OLOGY-DI AGNOSTI C		54.00		0	40.00
41.00 RADI OLOGY SALE OF X-RAYS	B	-1,030	RADI OLOGY-DI AGNOSTI C		54.00		0	41.00
42.00 RAD ONCOLOGY SALE OF X-RAYS	B	-14	RADI ATI ON-ONCOLOGY		54.01		0	42.00
43.00 PHYSICAL THERAPY SUPPLI ES SOLD TO OT	B	-6,030	PHYSI CAL THERAPY		66.00		0	43.00
44.00 SPORTS MEDI CI NE ED DEPT. COURSES	B	-90,195	PHYSI CAL THERAPY		66.00		0	44.00
45.00 PLAI NFI EL D PT SUPPLI ES SOLD TO OTHER	B	-4,998	PHYSI CAL THERAPY		66.00		0	45.00
45.02 DI ETARY CATERI NG	B	-1,027	CAFETERI A		11.00		0	45.02
45.03 REGI STRATI ON ANSWERI NG SERVI CE	B	-4,806	ADMINI STRATI VE & GENERAL		5.00		0	45.03
45.04 ACCOUNTI NG MISCELLANEOUS/OTHER	B	-144,366	ADMINI STRATI VE & GENERAL		5.00		0	45.04
45.05 ACCOUNTI NG PURCHASE DI SCOUNTS TAKEN	B	-27,577	ADMINI STRATI VE & GENERAL		5.00		0	45.05
45.06 GUEST ROOM RENTAL	B	-760	ADMINI STRATI VE & GENERAL		5.00		0	45.06
45.07 HEALTH I NFO MGMT MEDI CAL RECORDS TRA	B	-18,828	MEDI CAL RECORDS & LI BRARY		16.00		0	45.07
45.08 HEALTH I NFO MGMT TRANSCRI PTI ON SERVI	B	-38,359	MEDI CAL RECORDS & LI BRARY		16.00		0	45.08
45.10 HUMAN RESOURC ES JURY DUTY RECEIPTS	B	-377	EMPLOYEE BENEFI TS DEPARTMENT		4.00		0	45.10
45.11 MATERI ALS MGMT. SUPPLI ES SOLD TO OTH	B	-1,936	CENTRAL SERVI CES & SUPPLY		14.00		0	45.11
45.13 AVON ORTH/SPORT MISC. /OTHER	B	-470	PHYSI CAL THERAPY		66.00		0	45.13
45.14 OCC THERAPY REHAB SUPPLI ES SOLD TO O	B	-30,207	OCCUPATI ONAL THERAPY		67.00		0	45.14
45.21 LAUNDRY MISCELLANEOUS	B	-24,342	LAUNDRY & LINEN SERVI CE		8.00		9	45.21
45.22 HRH WELLNESS ED DEPARTMENT COURSES	B	-79,095	EMPLOYEE BENEFI TS DEPARTMENT		4.00		9	45.22
45.24 MARKETI NG ED DEPT COURSES	B	662	ADMINI STRATI VE & GENERAL		5.00		0	45.24
45.25 MEALS ON WHEELS	A	-371,343	DI ETARY		10.00		0	45.25
45.26 1993 CARRYFORWARD	A	-12,580	NEW CAP REL COSTS-BLDG & FI XT		1.00		11	45.26
45.27 1994 CARRYFORWARD	A	-3,288	NEW CAP REL COSTS-BLDG & FI XT		1.00		11	45.27
45.28 PHYSI CI AN RECRUI TMENT	A	-958,237	ADMINI STRATI VE & GENERAL		5.00		0	45.28
45.29 I HA LOBBYI NG EXPENSE	A	-3,085	ADMINI STRATI VE & GENERAL		5.00		0	45.29
45.30 AHA LOBBYI NG EXPENSE	A	-5,850	ADMINI STRATI VE & GENERAL		5.00		0	45.30
45.31 HOSPITAL ASSESSMENT FEE	A	-5,911,299	ADMINI STRATI VE & GENERAL		5.00		0	45.31
45.33 WOUND OSTOMY LEASE REVENUE	B	350	PHYSI CAL THERAPY		66.00		0	45.33
45.34 PHARMACY SUPPLI ES SOLD TO OTHERS	B	-400	DRUGS CHARGED TO PATI ENTS		73.00		0	45.34
45.35 B' BURG PT SUPPLI ES SOLD T	B	-185	PHYSI CAL THERAPY		66.00		0	45.35
45.36 AVON PHYS THRPY SUPPLI ES	B	-1,967	PHYSI CAL THERAPY		66.00		0	45.36
45.37 AVON PHYS THRPY MISCELLANEOUS	B	-955	PHYSI CAL THERAPY		66.00		0	45.37
45.38 PHYSI CAL THER ED DEPT COU	B	-7	PHYSI CAL THERAPY		66.00		0	45.38
45.39 OCC THER ED DEPT CO	B	-12,943	OCCUPATI ONAL THERAPY		67.00		0	45.39
45.40 ACCOUNTI NG NON-OP REVENUE CO	B	-31,470	ADMINI STRATI VE & GENERAL		5.00		0	45.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,941,614						50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2014 1:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,263,281	2,263,281	0	177,200	0	1.00
2.00	91.00	EMERGENCY	70,245	0	70,245	177,200	825	2.00
3.00	91.00	EMERGENCY	109,419	0	109,419	177,200	1,284	3.00
4.00	60.00	LABORATORY	68,138	0	68,138	215,700	657	4.00
5.00	66.00	PHYSICAL THERAPY	24,000	24,000	0	177,200	0	5.00
6.00	66.00	PHYSICAL THERAPY	305,203	305,203	0	177,200	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	129,323	114,323	15,000	177,200	176	7.00
8.00	59.00	CARDIAC CATHETERIZATION	193,968	193,968	0	177,200	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	66,925	66,925	0	177,200	0	9.00
10.00	91.00	EMERGENCY	382,090	382,090	0	177,200	0	10.00
11.00	50.00	OPERATING ROOM	1,756,927	1,756,927	0	177,200	0	11.00
12.00	65.00	RESPIRATORY THERAPY	40,800	0	40,800	177,200	479	12.00
200.00			5,410,319	5,106,717	303,602		3,421	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	70,284	3,514	0	0	0	2.00
3.00	91.00	EMERGENCY	109,387	5,469	0	0	0	3.00
4.00	60.00	LABORATORY	68,132	3,407	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	14,994	750	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	50.00	OPERATING ROOM	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	40,807	2,040	0	0	0	12.00
200.00			303,604	15,180	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,263,281		1.00
2.00	91.00	EMERGENCY	0	70,284	0	0		2.00
3.00	91.00	EMERGENCY	0	109,387	32	32		3.00
4.00	60.00	LABORATORY	0	68,132	6	6		4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	24,000		5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	305,203		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	14,994	6	114,329		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	193,968		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	66,925		9.00
10.00	91.00	EMERGENCY	0	0	0	382,090		10.00
11.00	50.00	OPERATING ROOM	0	0	0	1,756,927		11.00
12.00	65.00	RESPIRATORY THERAPY	0	40,807	0	0		12.00
200.00			0	303,604	44	5,106,761		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	18,177,985	18,177,985				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,730,919	128,251	2,859,170			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,445,206	1,612,769	247,485	20,305,460	20,305,460	5.00
7.00 00700	OPERATION OF PLANT	6,205,330	2,469,580	69,726	8,744,636	1,063,050	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	592,749	282,652	9,071	884,472	107,522	8.00
9.00 00900	HOUSEKEEPING	3,196,625	126,884	67,863	3,391,372	412,276	9.00
10.00 01000	DIETARY	504,684	497,791	14,426	1,016,901	123,621	10.00
11.00 01100	CAFETERIA	1,681,170	88,403	38,278	1,807,851	219,773	11.00
13.00 01300	NURSING ADMINISTRATION	2,803,258	257,305	66,060	3,126,623	380,093	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,314,754	421,155	20,045	1,755,954	213,464	14.00
15.00 01500	PHARMACY	3,861,942	131,371	60,301	4,053,614	492,782	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,200,961	161,295	46,208	2,408,464	292,787	16.00
17.00 01700	SOCIAL SERVICE	2,435,851	27,814	54,192	2,517,857	306,086	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	12,938,047	2,076,536	385,639	15,400,222	1,872,143	30.00
31.00 03100	INTENSIVE CARE UNIT	2,578,801	261,822	63,367	2,903,990	353,026	31.00
43.00 04300	NURSERY	258,334	49,565	5,535	313,434	38,103	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	9,398,539	824,303	50,869	10,273,711	1,248,934	50.00
50.01 05001	ENDOSCOPY	1,187,641	159,987	26,802	1,374,430	167,084	50.01
51.00 05100	RECOVERY ROOM	1,624,130	484,805	41,392	2,150,327	261,407	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	877,106	168,100	24,005	1,069,211	129,980	52.00
53.00 05300	ANESTHESIOLOGY	1,824,945	0	0	1,824,945	221,851	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,491,252	919,392	123,694	7,534,338	915,919	54.00
54.01 05401	RADIATION-ONCOLOGY	9,857,523	388,825	27,659	10,274,007	1,248,970	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	428,666	15,660	5,231	449,557	54,651	56.00
59.00 05900	CARDIAC CATHETERIZATION	747,614	263,813	14,867	1,026,294	124,762	59.00
60.00 06000	LABORATORY	6,862,509	346,689	85,448	7,294,646	886,781	60.00
64.00 06400	INTRAVENOUS THERAPY	1,305,900	40,264	32,595	1,378,759	167,610	64.00
65.00 06500	RESPIRATORY THERAPY	2,361,928	188,811	54,006	2,604,745	316,648	65.00
66.00 06600	PHYSICAL THERAPY	4,929,457	581,053	124,916	5,635,426	685,076	66.00
67.00 06700	OCCUPATIONAL THERAPY	401,321	16,730	10,712	428,763	52,123	67.00
68.00 06800	SPEECH PATHOLOGY	432,686	42,641	11,073	486,400	59,130	68.00
69.00 06900	ELECTROCARDIOLOGY	103,822	124,388	11,475	239,685	29,138	69.00
69.01 06901	CARDIAC REHAB	501,202	145,605	12,632	659,439	80,165	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	159,002	79,696	3,485	242,183	29,441	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,394,247	0	0	1,394,247	169,493	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,497,933	0	0	5,497,933	668,362	73.00
73.01 07301	ULTRA SOUND	591,580	18,305	16,066	625,951	76,094	73.01
74.00 07400	RENAL DIALYSIS	111,832	0	0	111,832	13,595	74.00
76.00 03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	4,940,735	599,180	50,889	5,590,804	679,652	90.00
91.00 09100	EMERGENCY	4,138,916	671,982	100,728	4,911,626	597,087	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,097,102	14,673,422	1,976,740	141,710,109	14,758,677	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	34,872,223	2,862,890	737,693	38,472,806	4,677,050	192.00
192.01 19201	HEALTH TRACKS	3,726,299	369,213	91,332	4,186,844	508,978	192.01
194.00 07950	PRIMARY CARE CLINIC	754,207	0	20,039	774,246	94,122	194.00
194.01 07951	PARTNERS IN CARE	637,798	117,999	14,106	769,903	93,594	194.01
194.02 07952	OCCUPATIONAL MEDICINE	778,170	140,643	6,659	925,472	112,506	194.02
194.03 07953	FOUNDATION	172,790	13,818	4,207	190,815	23,197	194.03
194.04 07954	SCHOOL & TOWN CLINICS	298,732	0	8,394	307,126	37,336	194.04
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	187,337,321	18,177,985	2,859,170	187,337,321	20,305,460	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	9,807,686				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	991,994			8.00	
9.00	00900	HOUSEKEEPING	147,424	0	3,951,072		9.00	
10.00	01000	DIETARY	578,371	0	0	1,718,893	10.00	
11.00	01100	CAFETERIA	102,713	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	298,956	0	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	489,330	433	62,332	0	14.00	
15.00	01500	PHARMACY	152,637	1,823	18,486	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	187,404	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,412,673	286,061	1,621,811	1,345,588	565,643	30.00
31.00	03100	INTENSIVE CARE UNIT	304,204	34,607	147,179	163,965	105,704	31.00
43.00	04300	NURSERY	57,588	17,789	13,035	209,340	8,307	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	957,737	77,530	139,595	0	93,910	50.00
50.01	05001	ENDOSCOPY	185,885	33,780	7,110	0	44,960	50.01
51.00	05100	RECOVERY ROOM	563,283	70,368	207,377	0	57,748	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	195,311	54,074	6,162	0	33,162	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,636	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	684,537	90,465	179,411	0	181,459	54.00
54.01	05401	RADIATION-ONCOLOGY	0	7,819	85,084	0	41,958	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18,195	0	7,347	0	6,731	56.00
59.00	05900	CARDIAC CATHETERIZATION	306,517	0	0	0	21,925	59.00
60.00	06000	LABORATORY	281,314	787	114,235	0	147,290	60.00
64.00	06400	INTRAVENOUS THERAPY	46,782	5,313	9,243	0	44,490	64.00
65.00	06500	RESPIRATORY THERAPY	219,375	0	14,931	0	96,688	65.00
66.00	06600	PHYSICAL THERAPY	250,172	64,504	113,287	0	64,963	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	18,249	0	11,636	67.00
68.00	06800	SPEECH PATHOLOGY	49,544	0	7,347	0	16,620	68.00
69.00	06900	ELECTROCARDIOLOGY	144,524	17,172	100,963	0	33,382	69.00
69.01	06901	CARDIAC REHAB	102,057	157	19,671	0	16,601	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	92,597	1,325	40,053	0	6,530	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	21,268	0	8,295	0	19,047	73.01
74.00	07400	RENAL DIALYSIS	0	66	11,139	0	0	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	68,597	164,717	0	0	90.00
91.00	09100	EMERGENCY	780,759	128,587	314,266	0	168,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,631,157	961,257	3,437,961	1,718,893	2,130,337	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,428	25,660	316,162	0	0	192.00
192.01	19201	HEALTH TRACKS	0	3,936	100,489	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	5,214	0	0	194.00
194.01	07951	PARTNERS IN CARE	137,101	472	27,492	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	669	61,621	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	2,133	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,807,686	991,994	3,951,072	1,718,893	2,130,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
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	3,892,602					13.00
14.00	01400	0	2,551,682				14.00
15.00	01500	0	0	4,807,636			15.00
16.00	01600	0	0	0	3,000,717		16.00
17.00	01700	0	0	0	0	2,849,935	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,542,303	0	0	259,828	2,379,380	30.00
31.00	03100	288,217	0	0	72,032	201,798	31.00
43.00	04300	22,649	0	0	0	917	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	256,057	2,551,682	0	373,139	29,352	50.00
50.01	05001	122,589	0	0	104,467	0	50.01
51.00	05100	157,457	0	0	0	228,398	51.00
52.00	05200	90,420	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	494,771	0	0	708,042	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	59,781	0	0	0	0	59.00
60.00	06000	0	0	0	815,494	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	263,632	0	0	87,622	0	65.00
66.00	06600	0	0	0	190,789	0	66.00
67.00	06700	0	0	0	20,899	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	91,021	0	0	74,225	0	69.00
69.01	06901	45,265	0	0	12,205	0	69.01
70.00	07000	0	0	0	6,280	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	4,807,636	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
76.00	03452	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	458,440	0	0	275,695	10,090	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		3,892,602	2,551,682	4,807,636	3,000,717	2,849,935	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	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
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,892,602	2,551,682	4,807,636	3,000,717	2,849,935	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
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
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	27,685,652	0	27,685,652	30.00
31.00	03100	4,574,722	0	4,574,722	31.00
43.00	04300	681,162	0	681,162	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	16,001,647	0	16,001,647	50.00
50.01	05001	2,040,305	0	2,040,305	50.01
51.00	05100	3,696,365	0	3,696,365	51.00
52.00	05200	1,578,320	0	1,578,320	52.00
53.00	05300	2,053,432	0	2,053,432	53.00
54.00	05400	10,788,942	0	10,788,942	54.00
54.01	05401	11,657,838	0	11,657,838	54.01
56.00	03450	536,481	0	536,481	56.00
59.00	05900	1,539,279	0	1,539,279	59.00
60.00	06000	9,540,547	0	9,540,547	60.00
64.00	06400	1,652,197	0	1,652,197	64.00
65.00	06500	3,603,641	0	3,603,641	65.00
66.00	06600	7,004,217	0	7,004,217	66.00
67.00	06700	531,670	0	531,670	67.00
68.00	06800	619,041	0	619,041	68.00
69.00	06900	730,110	0	730,110	69.00
69.01	06901	935,560	0	935,560	69.01
70.00	07000	418,409	0	418,409	70.00
71.00	07100	0	0	0	71.00
72.00	07200	1,563,740	0	1,563,740	72.00
73.00	07300	10,973,931	0	10,973,931	73.00
73.01	07301	750,655	0	750,655	73.01
74.00	07400	136,632	0	136,632	74.00
76.00	03452	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	6,503,770	0	6,503,770	90.00
91.00	09100	7,644,684	0	7,644,684	91.00
92.00	09200		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		135,442,949	0	135,442,949	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	43,531,106	0	43,531,106	192.00
192.01	19201	4,800,247	0	4,800,247	192.01
194.00	07950	873,582	0	873,582	194.00
194.01	07951	1,028,562	0	1,028,562	194.01
194.02	07952	1,100,268	0	1,100,268	194.02
194.03	07953	214,012	0	214,012	194.03
194.04	07954	346,595	0	346,595	194.04
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		187,337,321	0	187,337,321	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B Part II Date/Time Prepared: 5/30/2014 1:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	128,251	128,251	128,251		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,612,769	1,612,769	11,103	1,623,872	5.00
7.00 00700	OPERATION OF PLANT	0	2,469,580	2,469,580	3,128	85,015	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	282,652	282,652	407	8,599	8.00
9.00 00900	HOUSEKEEPING	0	126,884	126,884	3,045	32,971	9.00
10.00 01000	DIETARY	0	497,791	497,791	647	9,886	10.00
11.00 01100	CAFETERIA	0	88,403	88,403	1,717	17,576	11.00
13.00 01300	NURSING ADMINISTRATION	0	257,305	257,305	2,964	30,397	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	421,155	421,155	899	17,071	14.00
15.00 01500	PHARMACY	0	131,371	131,371	2,705	39,409	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	161,295	161,295	2,073	23,415	16.00
17.00 01700	SOCIAL SERVICE	0	27,814	27,814	2,431	24,479	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	2,076,536	2,076,536	17,301	149,721	30.00
31.00 03100	INTENSIVE CARE UNIT	0	261,822	261,822	2,843	28,233	31.00
43.00 04300	NURSERY	0	49,565	49,565	248	3,047	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	824,303	824,303	2,282	99,881	50.00
50.01 05001	ENDOSCOPY	0	159,987	159,987	1,202	13,362	50.01
51.00 05100	RECOVERY ROOM	0	484,805	484,805	1,857	20,905	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	168,100	168,100	1,077	10,395	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	17,742	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	919,392	919,392	5,549	73,249	54.00
54.01 05401	RADIATION-ONCOLOGY	0	388,825	388,825	1,241	99,884	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,660	15,660	235	4,371	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	263,813	263,813	667	9,978	59.00
60.00 06000	LABORATORY	0	346,689	346,689	3,833	70,919	60.00
64.00 06400	INTRAVENOUS THERAPY	0	40,264	40,264	1,462	13,404	64.00
65.00 06500	RESPIRATORY THERAPY	0	188,811	188,811	2,423	25,323	65.00
66.00 06600	PHYSICAL THERAPY	0	581,053	581,053	5,604	54,788	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,730	16,730	481	4,168	67.00
68.00 06800	SPEECH PATHOLOGY	0	42,641	42,641	497	4,729	68.00
69.00 06900	ELECTROCARDIOLOGY	0	124,388	124,388	515	2,330	69.00
69.01 06901	CARDIAC REHAB	0	145,605	145,605	567	6,411	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	79,696	79,696	156	2,355	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	13,555	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	53,451	73.00
73.01 07301	ULTRA SOUND	0	18,305	18,305	721	6,085	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,087	74.00
76.00 03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	599,180	599,180	2,283	54,354	90.00
91.00 09100	EMERGENCY	0	671,982	671,982	4,519	47,751	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,673,422	14,673,422	88,682	1,180,296	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	2,862,890	2,862,890	33,075	374,022	192.00
192.01 19201	HEALTH TRACKS	0	369,213	369,213	4,097	40,704	192.01
194.00 07950	PRIMARY CARE CLINIC	0	0	0	899	7,527	194.00
194.01 07951	PARTNERS IN CARE	0	117,999	117,999	633	7,485	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	140,643	140,643	299	8,997	194.02
194.03 07953	FOUNDATION	0	13,818	13,818	189	1,855	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	0	0	377	2,986	194.04
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,177,985	18,177,985	128,251	1,623,872	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/30/2014 1:36 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	2,557,723				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	291,658			8.00
9.00	00900	HOUSEKEEPING	38,446	0	201,346		9.00
10.00	01000	DIETARY	150,832	0	0	659,156	10.00
11.00	01100	CAFETERIA	26,786	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	77,964	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,611	127	3,176	0	14.00
15.00	01500	PHARMACY	39,806	536	942	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,873	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	629,197	84,105	82,648	516,002	35,708
31.00	03100	INTENSIVE CARE UNIT	79,333	10,175	7,500	62,877	6,673
43.00	04300	NURSERY	15,018	5,230	664	80,277	524
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	249,766	22,795	7,114	0	5,928
50.01	05001	ENDOSCOPY	48,477	9,932	362	0	2,838
51.00	05100	RECOVERY ROOM	146,897	20,689	10,568	0	3,645
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,935	15,899	314	0	2,093
53.00	05300	ANESTHESIOLOGY	0	0	338	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,519	26,598	9,143	0	11,455
54.01	05401	RADIATION-ONCOLOGY	0	2,299	4,336	0	2,649
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,745	0	374	0	425
59.00	05900	CARDIAC CATHETERIZATION	79,936	0	0	0	1,384
60.00	06000	LABORATORY	73,363	231	5,821	0	9,298
64.00	06400	INTRAVENOUS THERAPY	12,200	1,562	471	0	2,809
65.00	06500	RESPIRATORY THERAPY	57,210	0	761	0	6,104
66.00	06600	PHYSICAL THERAPY	65,242	18,965	5,773	0	4,101
67.00	06700	OCCUPATIONAL THERAPY	0	0	930	0	735
68.00	06800	SPEECH PATHOLOGY	12,920	0	374	0	1,049
69.00	06900	ELECTROCARDIOLOGY	37,690	5,049	5,145	0	2,107
69.01	06901	CARDIAC REHAB	26,615	46	1,002	0	1,048
70.00	07000	ELECTROENCEPHALOGRAPHY	24,148	390	2,041	0	412
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	5,546	0	423	0	1,202
74.00	07400	RENAL DIALYSIS	0	19	568	0	0
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	20,168	8,394	0	0
91.00	09100	EMERGENCY	203,612	37,806	16,015	0	10,614
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,511,687	282,621	175,197	659,156	134,482
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,282	7,544	16,112	0	0
192.01	19201	HEALTH TRACKS	0	1,157	5,121	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	266	0	0
194.01	07951	PARTNERS IN CARE	35,754	139	1,401	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	197	3,140	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	109	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,557,723	291,658	201,346	659,156	134,482

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
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	374,118					13.00
14.00	01400	0	571,943				14.00
15.00	01500	0	0	220,343			15.00
16.00	01600	0	0	0	242,730		16.00
17.00	01700	0	0	0	0	56,365	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	148,230	0	0	21,026	47,058	30.00
31.00	03100	27,701	0	0	5,829	3,991	31.00
43.00	04300	2,177	0	0	0	18	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	24,610	571,943	0	30,196	581	50.00
50.01	05001	11,782	0	0	8,454	0	50.01
51.00	05100	15,133	0	0	0	4,517	51.00
52.00	05200	8,690	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	47,552	0	0	57,297	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	5,746	0	0	0	0	59.00
60.00	06000	0	0	0	65,894	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	25,338	0	0	7,091	0	65.00
66.00	06600	0	0	0	15,439	0	66.00
67.00	06700	0	0	0	1,691	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,748	0	0	6,007	0	69.00
69.01	06901	4,350	0	0	988	0	69.01
70.00	07000	0	0	0	508	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	220,343	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
76.00	03452	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	44,061	0	0	22,310	200	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		374,118	571,943	220,343	242,730	56,365	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	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
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		374,118	571,943	220,343	242,730	56,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
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
17.00	01700 SOCIAL SERVICE				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	3,807,532	0	3,807,532	30.00
31.00	03100 INTENSIVE CARE UNIT	496,977	0	496,977	31.00
43.00	04300 NURSERY	156,768	0	156,768	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	1,839,399	0	1,839,399	50.00
50.01	05001 ENDOSCOPY	256,396	0	256,396	50.01
51.00	05100 RECOVERY ROOM	709,016	0	709,016	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	257,503	0	257,503	52.00
53.00	05300 ANESTHESIOLOGY	18,080	0	18,080	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,328,754	0	1,328,754	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	499,234	0	499,234	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,810	0	25,810	56.00
59.00	05900 CARDIAC CATHETERIZATION	361,524	0	361,524	59.00
60.00	06000 LABORATORY	576,048	0	576,048	60.00
64.00	06400 INTRAVENOUS THERAPY	72,172	0	72,172	64.00
65.00	06500 RESPIRATORY THERAPY	313,061	0	313,061	65.00
66.00	06600 PHYSICAL THERAPY	750,965	0	750,965	66.00
67.00	06700 OCCUPATIONAL THERAPY	24,735	0	24,735	67.00
68.00	06800 SPEECH PATHOLOGY	62,210	0	62,210	68.00
69.00	06900 ELECTROCARDIOLOGY	191,979	0	191,979	69.00
69.01	06901 CARDIAC REHAB	186,632	0	186,632	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	109,706	0	109,706	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,555	0	13,555	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	273,794	0	273,794	73.00
73.01	07301 ULTRA SOUND	32,282	0	32,282	73.01
74.00	07400 RENAL DIALYSIS	1,674	0	1,674	74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	684,379	0	684,379	90.00
91.00	09100 EMERGENCY	1,058,870	0	1,058,870	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,109,055	0	14,109,055	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,303,925	0	3,303,925	192.00
192.01	19201 HEALTH TRACKS	420,292	0	420,292	192.01
194.00	07950 PRIMARY CARE CLINIC	8,692	0	8,692	194.00
194.01	07951 PARTNERS IN CARE	163,411	0	163,411	194.01
194.02	07952 OCCUPATIONAL MEDICINE	153,276	0	153,276	194.02
194.03	07953 FOUNDATION	15,862	0	15,862	194.03
194.04	07954 SCHOOL & TOWN CLINICS	3,472	0	3,472	194.04
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)	18,177,985	0	18,177,985	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	611,738						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,316		85,004,123				4.00
5.00 00500 ADMINISTRATIVE & GENERAL	54,274		7,357,749	-20,305,460	167,031,861		5.00
7.00 00700 OPERATION OF PLANT	83,108		2,072,953	0	8,744,636	284,071	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	9,512		269,682	0	884,472	0	8.00
9.00 00900 HOUSEKEEPING	4,270		2,017,579	0	3,391,372	4,270	9.00
10.00 01000 DIETARY	16,752		428,896	0	1,016,901	16,752	10.00
11.00 01100 CAFETERIA	2,975		1,138,008	0	1,807,851	2,975	11.00
13.00 01300 NURSING ADMINISTRATION	8,659		1,963,953	0	3,126,623	8,659	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	14,173		595,945	0	1,755,954	14,173	14.00
15.00 01500 PHARMACY	4,421		1,792,755	0	4,053,614	4,421	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,428		1,373,755	0	2,408,464	5,428	16.00
17.00 01700 SOCIAL SERVICE	936		1,611,137	0	2,517,857	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	69,881		11,465,080	0	15,400,222	69,881	30.00
31.00 03100 INTENSIVE CARE UNIT	8,811		1,883,900	0	2,903,990	8,811	31.00
43.00 04300 NURSERY	1,668		164,564	0	313,434	1,668	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	27,740		1,512,327	0	10,273,711	27,740	50.00
50.01 05001 ENDOSCOPY	5,384		796,814	0	1,374,430	5,384	50.01
51.00 05100 RECOVERY ROOM	16,315		1,230,580	0	2,150,327	16,315	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,657		713,660	0	1,069,211	5,657	52.00
53.00 05300 ANESTHESIOLOGY	0		0	0	1,824,945	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	30,940		3,677,438	0	7,534,338	19,827	54.00
54.01 05401 RADIATION-ONCOLOGY	13,085		822,304	0	10,274,007	0	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	527		155,527	0	449,557	527	56.00
59.00 05900 CARDIAC CATHETERIZATION	8,878		441,982	0	1,026,294	8,878	59.00
60.00 06000 LABORATORY	11,667		2,540,375	0	7,294,646	8,148	60.00
64.00 06400 INTRAVENOUS THERAPY	1,355		969,046	0	1,378,759	1,355	64.00
65.00 06500 RESPIRATORY THERAPY	6,354		1,605,588	0	2,604,745	6,354	65.00
66.00 06600 PHYSICAL THERAPY	19,554		3,713,761	0	5,635,426	7,246	66.00
67.00 06700 OCCUPATIONAL THERAPY	563		318,461	0	428,763	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,435		329,199	0	486,400	1,435	68.00
69.00 06900 ELECTROCARDIOLOGY	4,186		341,149	0	239,685	4,186	69.00
69.01 06901 CARDIAC REHAB	4,900		375,545	0	659,439	2,956	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	2,682		103,601	0	242,183	2,682	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0		0	0	1,394,247	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		0	0	5,497,933	0	73.00
73.01 07301 ULTRA SOUND	616		477,639	0	625,951	616	73.01
74.00 07400 RENAL DIALYSIS	0		0	0	111,832	0	74.00
76.00 03452 NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	20,164		1,512,933	0	5,590,804	0	90.00
91.00 09100 EMERGENCY	22,614		2,994,648	0	4,911,626	22,614	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	493,800		58,768,533	-20,305,460	121,404,649	278,958	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200 PHYSICIANS' PRIVATE OFFICES	96,344		21,932,535	0	38,472,806	1,142	192.00
192.01 19201 HEALTH TRACKS	12,425		2,715,295	0	4,186,844	0	192.01
194.00 07950 PRIMARY CARE CLINIC	0		595,771	0	774,246	0	194.00
194.01 07951 PARTNERS IN CARE	3,971		419,373	0	769,903	3,971	194.01
194.02 07952 OCCUPATIONAL MEDICINE	4,733		197,974	0	925,472	0	194.02
194.03 07953 FOUNDATION	465		125,088	0	190,815	0	194.03
194.04 07954 SCHOOL & TOWN CLINICS	0		249,554	0	307,126	0	194.04
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	18,177,985		2,859,170		20,305,460	9,807,686	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	29.715311		0.033636		0.121566	34.525474	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			128,251		1,623,872	2,557,723	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001509		0.009722	9.003816	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	75,618				8.00
9.00	00900	HOUSEKEEPING	0	16,671			9.00
10.00	01000	DIETARY	0	0	21,365		10.00
11.00	01100	CAFETERIA	0	0	0	1,218,454	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	49,721	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33	263	0	17,255	0
15.00	01500	PHARMACY	139	78	0	50,500	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	64,094	0
17.00	01700	SOCIAL SERVICE	0	0	0	14,866	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	21,806	6,843	16,725	323,523	323,523
31.00	03100	INTENSIVE CARE UNIT	2,638	621	2,038	60,458	60,458
43.00	04300	NURSERY	1,356	55	2,602	4,751	4,751
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,910	589	0	53,712	53,712
50.01	05001	ENDOSCOPY	2,575	30	0	25,715	25,715
51.00	05100	RECOVERY ROOM	5,364	875	0	33,029	33,029
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,122	26	0	18,967	18,967
53.00	05300	ANESTHESIOLOGY	0	28	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,896	757	0	103,786	103,786
54.01	05401	RADIATION-ONCOLOGY	596	359	0	23,998	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	3,850	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,540	12,540
60.00	06000	LABORATORY	60	482	0	84,243	0
64.00	06400	INTRAVENOUS THERAPY	405	39	0	25,446	0
65.00	06500	RESPIRATORY THERAPY	0	63	0	55,301	55,301
66.00	06600	PHYSICAL THERAPY	4,917	478	0	37,156	0
67.00	06700	OCCUPATIONAL THERAPY	0	77	0	6,655	0
68.00	06800	SPEECH PATHOLOGY	0	31	0	9,506	0
69.00	06900	ELECTROCARDIOLOGY	1,309	426	0	19,093	19,093
69.01	06901	CARDIAC REHAB	12	83	0	9,495	9,495
70.00	07000	ELECTROENCEPHALOGRAPHY	101	169	0	3,735	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	ULTRA SOUND	0	35	0	10,894	0
74.00	07400	RENAL DIALYSIS	5	47	0	0	0
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	5,229	695	0	0	0
91.00	09100	EMERGENCY	9,802	1,326	0	96,165	96,165
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,275	14,506	21,365	1,218,454	816,535
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,956	1,334	0	0	0
192.01	19201	HEALTH TRACKS	300	424	0	0	0
194.00	07950	PRIMARY CARE CLINIC	0	22	0	0	0
194.01	07951	PARTNERS IN CARE	36	116	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	51	260	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	9	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	991,994	3,951,072	1,718,893	2,130,337	3,892,602
203.00		Unit cost multiplier (Wkst. B, Part I)	13.118490	237.002699	80.453686	1.748393	4.767220
204.00		Cost to be allocated (per Wkst. B, Part II)	291,658	201,346	659,156	134,482	374,118
205.00		Unit cost multiplier (Wkst. B, Part II)	3.856992	12.077620	30.852141	0.110371	0.458178

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
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	100				14.00
15.00	01500	0	100			15.00
16.00	01600	0	0	256,697,314		16.00
17.00	01700	0	0	0	3,107	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	0	22,226,518	2,594	30.00
31.00	03100	0	0	6,161,857	220	31.00
43.00	04300	0	0	0	1	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	100	0	31,919,542	32	50.00
50.01	05001	0	0	8,936,465	0	50.01
51.00	05100	0	0	0	249	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	60,568,167	0	54.00
54.01	05401	0	0	0	0	54.01
56.00	03450	0	0	0	0	56.00
59.00	05900	0	0	0	0	59.00
60.00	06000	0	0	69,766,361	0	60.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	0	7,495,425	0	65.00
66.00	06600	0	0	16,320,693	0	66.00
67.00	06700	0	0	1,787,734	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	0	0	6,349,416	0	69.00
69.01	06901	0	0	1,044,088	0	69.01
70.00	07000	0	0	537,191	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	100	0	0	73.00
73.01	07301	0	0	0	0	73.01
74.00	07400	0	0	0	0	74.00
76.00	03452	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	90.00
91.00	09100	0	0	23,583,857	11	91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		100	100	256,697,314	3,107	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
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
200.00						200.00
201.00						201.00
202.00		2,551,682	4,807,636	3,000,717	2,849,935	202.00
203.00		25,516.820000	48,076.360000	0.011690	917.262633	203.00
204.00		571,943	220,343	242,730	56,365	204.00
205.00		5,719.430000	2,203.430000	0.000946	18.141294	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 1:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		27,685,652	0	27,685,652	30.00
31.00	03100 INTENSIVE CARE UNIT		4,574,722	0	4,574,722	31.00
43.00	04300 NURSERY		681,162	0	681,162	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		16,001,647	0	16,001,647	50.00
50.01	05001 ENDOSCOPY		2,040,305	0	2,040,305	50.01
51.00	05100 RECOVERY ROOM		3,696,365	0	3,696,365	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,578,320	0	1,578,320	52.00
53.00	05300 ANESTHESIOLOGY		2,053,432	0	2,053,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,788,942	0	10,788,942	54.00
54.01	05401 RADIATION-ONCOLOGY		11,657,838	0	11,657,838	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		536,481	0	536,481	56.00
59.00	05900 CARDIAC CATHETERIZATION		1,539,279	0	1,539,279	59.00
60.00	06000 LABORATORY		9,540,547	6	9,540,553	60.00
64.00	06400 INTRAVENOUS THERAPY		1,652,197	0	1,652,197	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,603,641	0	3,603,641	65.00
66.00	06600 PHYSICAL THERAPY	0	7,004,217	0	7,004,217	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	531,670	0	531,670	67.00
68.00	06800 SPEECH PATHOLOGY	0	619,041	0	619,041	68.00
69.00	06900 ELECTROCARDIOLOGY		730,110	6	730,116	69.00
69.01	06901 CARDIAC REHAB		935,560	0	935,560	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		418,409	0	418,409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		1,563,740	0	1,563,740	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,973,931	0	10,973,931	73.00
73.01	07301 ULTRA SOUND		750,655	0	750,655	73.01
74.00	07400 RENAL DIALYSIS		136,632	0	136,632	74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		6,503,770	0	6,503,770	90.00
91.00	09100 EMERGENCY		7,644,684	32	7,644,716	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,649,902		4,649,902	92.00
200.00	Subtotal (see instructions)	0	140,092,851	44	140,092,895	200.00
201.00	Less Observation Beds		4,649,902		4,649,902	201.00
202.00	Total (see instructions)	0	135,442,949	44	135,442,993	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

Period:  
From 01/01/2013  
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Worksheet C  
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,106,082		19,106,082		30.00
31.00	03100	INTENSIVE CARE UNIT	6,159,636		6,159,636		31.00
43.00	04300	NURSERY	4,589,713		4,589,713		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,377,884	16,675,090	31,052,974	0.515302	50.00
50.01	05001	ENDOSCOPY	474,530	8,461,935	8,936,465	0.228312	50.01
51.00	05100	RECOVERY ROOM	1,823,404	5,075,087	6,898,491	0.535822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,237,271	522,115	7,759,386	0.203408	52.00
53.00	05300	ANESTHESIOLOGY	2,786,792	4,035,061	6,821,853	0.301008	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,190,877	51,312,588	60,503,465	0.178319	54.00
54.01	05401	RADIATION-ONCOLOGY	201,239	40,166,564	40,367,803	0.288790	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	276,629	2,340,506	2,617,135	0.204988	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,044,890	5,637,012	8,681,902	0.177297	59.00
60.00	06000	LABORATORY	15,536,701	57,367,200	72,903,901	0.130865	60.00
64.00	06400	INTRAVENOUS THERAPY	393,285	4,506,858	4,900,143	0.337173	64.00
65.00	06500	RESPIRATORY THERAPY	2,958,285	4,536,337	7,494,622	0.480830	65.00
66.00	06600	PHYSICAL THERAPY	1,793,623	14,526,743	16,320,366	0.429170	66.00
67.00	06700	OCCUPATIONAL THERAPY	734,326	1,053,408	1,787,734	0.297399	67.00
68.00	06800	SPEECH PATHOLOGY	113,874	420,950	534,824	1.157467	68.00
69.00	06900	ELECTROCARDIOLOGY	2,061,300	4,287,658	6,348,958	0.114997	69.00
69.01	06901	CARDIAC REHAB	35,000	1,009,088	1,044,088	0.896055	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	109,174	428,017	537,191	0.778883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,996,148	992,346	3,988,494	0.392063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,169,489	11,707,148	20,876,637	0.525656	73.00
73.01	07301	ULTRA SOUND	1,458,839	5,645,641	7,104,480	0.105659	73.01
74.00	07400	RENAL DIALYSIS	213,477	7,230	220,707	0.619065	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	59,934	26,583,637	26,643,571	0.244103	90.00
91.00	09100	EMERGENCY	4,329,773	19,212,154	23,541,927	0.324726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,112,386	3,112,386	1.493999	92.00
200.00		Subtotal (see instructions)	111,232,175	289,622,759	400,854,934		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	111,232,175	289,622,759	400,854,934		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 1:36 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.515302		50.00
50.01	05001 ENDOSCOPY	0.228312		50.01
51.00	05100 RECOVERY ROOM	0.535822		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.203408		52.00
53.00	05300 ANESTHESIOLOGY	0.301008		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178319		54.00
54.01	05401 RADIATION-ONCOLOGY	0.288790		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.204988		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.177297		59.00
60.00	06000 LABORATORY	0.130865		60.00
64.00	06400 INTRAVENOUS THERAPY	0.337173		64.00
65.00	06500 RESPIRATORY THERAPY	0.480830		65.00
66.00	06600 PHYSICAL THERAPY	0.429170		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297399		67.00
68.00	06800 SPEECH PATHOLOGY	1.157467		68.00
69.00	06900 ELECTROCARDIOLOGY	0.114998		69.00
69.01	06901 CARDIAC REHAB	0.896055		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.778883		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.392063		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.525656		73.00
73.01	07301 ULTRA SOUND	0.105659		73.01
74.00	07400 RENAL DIALYSIS	0.619065		74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.244103		90.00
91.00	09100 EMERGENCY	0.324728		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.493999		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C  
Part I  
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		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	27,685,652		27,685,652	0	27,685,652	30.00
31.00	03100 INTENSIVE CARE UNIT	4,574,722		4,574,722	0	4,574,722	31.00
43.00	04300 NURSERY	681,162		681,162	0	681,162	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	16,001,647		16,001,647	0	16,001,647	50.00
50.01	05001 ENDOSCOPY	2,040,305		2,040,305	0	2,040,305	50.01
51.00	05100 RECOVERY ROOM	3,696,365		3,696,365	0	3,696,365	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,578,320		1,578,320	0	1,578,320	52.00
53.00	05300 ANESTHESIOLOGY	2,053,432		2,053,432	0	2,053,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,788,942		10,788,942	0	10,788,942	54.00
54.01	05401 RADIATION-ONCOLOGY	11,657,838		11,657,838	0	11,657,838	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	536,481		536,481	0	536,481	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,539,279		1,539,279	0	1,539,279	59.00
60.00	06000 LABORATORY	9,540,547		9,540,547	6	9,540,553	60.00
64.00	06400 INTRAVENOUS THERAPY	1,652,197		1,652,197	0	1,652,197	64.00
65.00	06500 RESPIRATORY THERAPY	3,603,641	0	3,603,641	0	3,603,641	65.00
66.00	06600 PHYSICAL THERAPY	7,004,217	0	7,004,217	0	7,004,217	66.00
67.00	06700 OCCUPATIONAL THERAPY	531,670	0	531,670	0	531,670	67.00
68.00	06800 SPEECH PATHOLOGY	619,041	0	619,041	0	619,041	68.00
69.00	06900 ELECTROCARDIOLOGY	730,110		730,110	6	730,116	69.00
69.01	06901 CARDIAC REHAB	935,560		935,560	0	935,560	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	418,409		418,409	0	418,409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,563,740		1,563,740	0	1,563,740	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,973,931		10,973,931	0	10,973,931	73.00
73.01	07301 ULTRA SOUND	750,655		750,655	0	750,655	73.01
74.00	07400 RENAL DIALYSIS	136,632		136,632	0	136,632	74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	6,503,770		6,503,770	0	6,503,770	90.00
91.00	09100 EMERGENCY	7,644,684		7,644,684	32	7,644,716	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,649,902		4,649,902		4,649,902	92.00
200.00	Subtotal (see instructions)	140,092,851	0	140,092,851	44	140,092,895	200.00
201.00	Less Observation Beds	4,649,902		4,649,902		4,649,902	201.00
202.00	Total (see instructions)	135,442,949	0	135,442,949	44	135,442,993	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,106,082		19,106,082		30.00
31.00	03100	INTENSIVE CARE UNIT	6,159,636		6,159,636		31.00
43.00	04300	NURSERY	4,589,713		4,589,713		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	14,377,884	16,675,090	31,052,974	0.515302	50.00
50.01	05001	ENDOSCOPY	474,530	8,461,935	8,936,465	0.228312	50.01
51.00	05100	RECOVERY ROOM	1,823,404	5,075,087	6,898,491	0.535822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,237,271	522,115	7,759,386	0.203408	52.00
53.00	05300	ANESTHESIOLOGY	2,786,792	4,035,061	6,821,853	0.301008	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,190,877	51,312,588	60,503,465	0.178319	54.00
54.01	05401	RADIATION-ONCOLOGY	201,239	40,166,564	40,367,803	0.288790	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	276,629	2,340,506	2,617,135	0.204988	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,044,890	5,637,012	8,681,902	0.177297	59.00
60.00	06000	LABORATORY	15,536,701	57,367,200	72,903,901	0.130865	60.00
64.00	06400	INTRAVENOUS THERAPY	393,285	4,506,858	4,900,143	0.337173	64.00
65.00	06500	RESPIRATORY THERAPY	2,958,285	4,536,337	7,494,622	0.480830	65.00
66.00	06600	PHYSICAL THERAPY	1,793,623	14,526,743	16,320,366	0.429170	66.00
67.00	06700	OCCUPATIONAL THERAPY	734,326	1,053,408	1,787,734	0.297399	67.00
68.00	06800	SPEECH PATHOLOGY	113,874	420,950	534,824	1.157467	68.00
69.00	06900	ELECTROCARDIOLOGY	2,061,300	4,287,658	6,348,958	0.114997	69.00
69.01	06901	CARDIAC REHAB	35,000	1,009,088	1,044,088	0.896055	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	109,174	428,017	537,191	0.778883	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,996,148	992,346	3,988,494	0.392063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,169,489	11,707,148	20,876,637	0.525656	73.00
73.01	07301	ULTRA SOUND	1,458,839	5,645,641	7,104,480	0.105659	73.01
74.00	07400	RENAL DIALYSIS	213,477	7,230	220,707	0.619065	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	59,934	26,583,637	26,643,571	0.244103	90.00
91.00	09100	EMERGENCY	4,329,773	19,212,154	23,541,927	0.324726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,112,386	3,112,386	1.493999	92.00
200.00		Subtotal (see instructions)	111,232,175	289,622,759	400,854,934		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	111,232,175	289,622,759	400,854,934		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 1:36 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
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: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/30/2014 1:36 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,807,532	0	3,807,532	18,785	202.69	30.00
31.00	INTENSIVE CARE UNIT	496,977		496,977	2,038	243.86	31.00
43.00	NURSERY	156,768		156,768	2,602	60.25	43.00
200.00	Total (Lines 30-199)	4,461,277		4,461,277	23,425		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	7,508	1,521,797				
31.00	INTENSIVE CARE UNIT	1,054	257,028				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	8,562	1,778,825				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/30/2014 1:36 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,839,399	31,052,974	0.059234	4,472,301	264,912	50.00
50.01	05001 ENDOSCOPY	256,396	8,936,465	0.028691	0	0	50.01
51.00	05100 RECOVERY ROOM	709,016	6,898,491	0.102778	763,480	78,469	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	257,503	7,759,386	0.033186	9,133	303	52.00
53.00	05300 ANESTHESIOLOGY	18,080	6,821,853	0.002650	1,099,855	2,915	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,328,754	60,503,465	0.021962	4,741,711	104,137	54.00
54.01	05401 RADIATION-ONCOLOGY	499,234	40,367,803	0.012367	24,364	301	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	25,810	2,617,135	0.009862	194,782	1,921	56.00
59.00	05900 CARDIAC CATHETERIZATION	361,524	8,681,902	0.041641	1,318,922	54,921	59.00
60.00	06000 LABORATORY	576,048	72,903,901	0.007901	8,390,278	66,292	60.00
64.00	06400 INTRAVENOUS THERAPY	72,172	4,900,143	0.014729	282,459	4,160	64.00
65.00	06500 RESPIRATORY THERAPY	313,061	7,494,622	0.041771	1,494,816	62,440	65.00
66.00	06600 PHYSICAL THERAPY	750,965	16,320,366	0.046014	1,056,909	48,633	66.00
67.00	06700 OCCUPATIONAL THERAPY	24,735	1,787,734	0.013836	422,880	5,851	67.00
68.00	06800 SPEECH PATHOLOGY	62,210	534,824	0.116319	73,548	8,555	68.00
69.00	06900 ELECTROCARDIOLOGY	191,979	6,348,958	0.030238	1,219,095	36,863	69.00
69.01	06901 CARDIAC REHAB	186,632	1,044,088	0.178751	9,090	1,625	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	109,706	537,191	0.204222	59,210	12,092	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,555	3,988,494	0.003399	2,925,895	9,945	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	273,794	20,876,637	0.013115	4,431,644	58,121	73.00
73.01	07301 ULTRA SOUND	32,282	7,104,480	0.004544	609,521	2,770	73.01
74.00	07400 RENAL DIALYSIS	1,674	220,707	0.007585	0	0	74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	684,379	26,643,571	0.025686	0	0	90.00
91.00	09100 EMERGENCY	1,058,870	23,541,927	0.044978	2,138,941	96,205	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	639,487	3,112,386	0.205465	0	0	92.00
200.00	Total (lines 50-199)	10,287,265	370,999,503		35,738,834	921,431	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/30/2014 1:36 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,785	0.00	7,508	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,038	0.00	1,054	0		31.00
43.00	04300	NURSERY	2,602	0.00	0	0		43.00
200.00		Total (lines 30-199)	23,425		8,562	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 1:36 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,052,974	0.000000	0.000000	4,472,301	50.00
50.01	05001	ENDOSCOPY	0	8,936,465	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	6,898,491	0.000000	0.000000	763,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,759,386	0.000000	0.000000	9,133	52.00
53.00	05300	ANESTHESIOLOGY	0	6,821,853	0.000000	0.000000	1,099,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,503,465	0.000000	0.000000	4,741,711	54.00
54.01	05401	RADIATION-ONCOLOGY	0	40,367,803	0.000000	0.000000	24,364	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,617,135	0.000000	0.000000	194,782	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,681,902	0.000000	0.000000	1,318,922	59.00
60.00	06000	LABORATORY	0	72,903,901	0.000000	0.000000	8,390,278	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,900,143	0.000000	0.000000	282,459	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,494,622	0.000000	0.000000	1,494,816	65.00
66.00	06600	PHYSICAL THERAPY	0	16,320,366	0.000000	0.000000	1,056,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,787,734	0.000000	0.000000	422,880	67.00
68.00	06800	SPEECH PATHOLOGY	0	534,824	0.000000	0.000000	73,548	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,348,958	0.000000	0.000000	1,219,095	69.00
69.01	06901	CARDIAC REHAB	0	1,044,088	0.000000	0.000000	9,090	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	537,191	0.000000	0.000000	59,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,988,494	0.000000	0.000000	2,925,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,876,637	0.000000	0.000000	4,431,644	73.00
73.01	07301	ULTRA SOUND	0	7,104,480	0.000000	0.000000	609,521	73.01
74.00	07400	RENAL DIALYSIS	0	220,707	0.000000	0.000000	0	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	26,643,571	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	23,541,927	0.000000	0.000000	2,138,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,112,386	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	370,999,503			35,738,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 1:36 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	12,741,654	0		50.00
50.01	05001 ENDOSCOPY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	297,687	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	210,319	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,681,730	0		54.00
54.01	05401 RADIATION-ONCOLOGY	0	13,542,419	0		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	884,668	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,542,860	0		59.00
60.00	06000 LABORATORY	0	1,120,042	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,728,949	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	269,718	0		65.00
66.00	06600 PHYSICAL THERAPY	0	136,350	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	35,260	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,233,254	0		69.00
69.01	06901 CARDIAC REHAB	0	394,845	0		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	535,241	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	911,330	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,229,632	0		73.00
73.01	07301 ULTRA SOUND	0	1,015,610	0		73.01
74.00	07400 RENAL DIALYSIS	0	3,566	0		74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	21,475	0		90.00
91.00	09100 EMERGENCY	0	3,286,889	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	930,661	0		92.00
200.00	Total (lines 50-199)	0	56,754,159	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 1:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.515302	12,741,654	0	0	6,565,800	50.00
50.01 05001 ENDOSCOPY	0.228312	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.535822	297,687	0	0	159,507	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.203408	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.301008	210,319	0	0	63,308	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.178319	12,681,730	0	1,473	2,261,393	54.00
54.01 05401 RADIATION-ONCOLOGY	0.288790	13,542,419	0	12,956	3,910,915	54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.204988	884,668	0	0	181,346	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.177297	1,542,860	0	0	273,544	59.00
60.00 06000 LABORATORY	0.130865	1,120,042	4,263	0	146,574	60.00
64.00 06400 INTRAVENOUS THERAPY	0.337173	1,728,949	0	0	582,955	64.00
65.00 06500 RESPIRATORY THERAPY	0.480830	269,718	0	0	129,689	65.00
66.00 06600 PHYSICAL THERAPY	0.429170	136,350	0	0	58,517	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.297399	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1.157467	35,260	0	0	40,812	68.00
69.00 06900 ELECTROCARDIOLOGY	0.114997	1,233,254	0	0	141,821	69.00
69.01 06901 CARDIAC REHAB	0.896055	394,845	0	0	353,803	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.778883	535,241	0	0	416,890	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.392063	911,330	0	0	357,299	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.525656	3,229,632	0	5,042	1,697,675	73.00
73.01 07301 ULTRA SOUND	0.105659	1,015,610	0	0	107,308	73.01
74.00 07400 RENAL DIALYSIS	0.619065	3,566	0	0	2,208	74.00
76.00 03452 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.244103	21,475	0	0	5,242	90.00
91.00 09100 EMERGENCY	0.324726	3,286,889	0	0	1,067,338	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.493999	930,661	0	0	1,390,407	92.00
200.00 Subtotal (see instructions)		56,754,159	4,263	19,471	19,914,351	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		56,754,159	4,263	19,471	19,914,351	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 1:36 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	263		54.00
54.01 05401 RADIATION-ONCOLOGY	0	3,742		54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	558	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,650		73.00
73.01 07301 ULTRA SOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03452 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	558	6,655		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	558	6,655		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2014 1:36 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,785	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,785	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)		15,630	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)		7,508	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,685,652	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		27,685,652	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,685,652	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,473.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,065,441	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)		11,065,441	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/30/2014 1:36 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	4,574,722	2,038	2,244.71	1,054	2,365,924	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)					11,179,497	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,610,862	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)					1,778,825	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					921,431	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,700,256	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,910,606	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)					3,155	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,473.82	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,649,902	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/30/2014 1:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,807,532	27,685,652	0.137527	4,649,902	639,487	90.00
91.00	Nursing School cost	0	27,685,652	0.000000	4,649,902	0	91.00
92.00	Allied health cost	0	27,685,652	0.000000	4,649,902	0	92.00
93.00	All other Medical Education	0	27,685,652	0.000000	4,649,902	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/30/2014 1:36 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,785	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,785	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)		15,630	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)		779	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,602	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,685,652	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		27,685,652	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,685,652	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,473.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,148,106	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)		1,148,106	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Date/Time Prepared: 5/30/2014 1:36 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	681,162	2,602	261.78	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,574,722	2,038	2,244.71	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					895,178	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,043,284	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00	0	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	0	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	0	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)						3,155	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,473.82	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						4,649,902	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/30/2014 1:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/30/2014 1:36 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,140,404	30.00
31.00	03100	INTENSIVE CARE UNIT		3,201,931	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.515302	4,472,301	50.00
50.01	05001	ENDOSCOPY	0.228312	0	50.01
51.00	05100	RECOVERY ROOM	0.535822	763,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.203408	9,133	52.00
53.00	05300	ANESTHESIOLOGY	0.301008	1,099,855	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.178319	4,741,711	54.00
54.01	05401	RADIATION-ONCOLOGY	0.288790	24,364	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.204988	194,782	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.177297	1,318,922	59.00
60.00	06000	LABORATORY	0.130865	8,390,278	60.00
64.00	06400	INTRAVENOUS THERAPY	0.337173	282,459	64.00
65.00	06500	RESPIRATORY THERAPY	0.480830	1,494,816	65.00
66.00	06600	PHYSICAL THERAPY	0.429170	1,056,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297399	422,880	67.00
68.00	06800	SPEECH PATHOLOGY	1.157467	73,548	68.00
69.00	06900	ELECTROCARDIOLOGY	0.114998	1,219,095	69.00
69.01	06901	CARDIAC REHAB	0.896055	9,090	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.778883	59,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.392063	2,925,895	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.525656	4,431,644	73.00
73.01	07301	ULTRA SOUND	0.105659	609,521	73.01
74.00	07400	RENAL DIALYSIS	0.619065	0	74.00
76.00	03452	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.244103	0	90.00
91.00	09100	EMERGENCY	0.324728	2,138,941	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.493999	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		35,738,834	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)		35,738,834	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/30/2014 1:36 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		664,148		30.00
31.00	03100 INTENSIVE CARE UNIT		236,368		31.00
43.00	04300 NURSERY		210,800		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.515302	428,304	220,706	50.00
50.01	05001 ENDOSCOPY	0.228312	12,729	2,906	50.01
51.00	05100 RECOVERY ROOM	0.535822	58,380	31,281	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.203408	320,828	65,259	52.00
53.00	05300 ANESTHESIOLOGY	0.301008	82,575	24,856	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.178319	309,113	55,121	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	0.288790	0	0	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.204988	2,586	530	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.177297	0	0	59.00
60.00	06000 LABORATORY	0.130865	569,923	74,583	60.00
64.00	06400 INTRAVENOUS THERAPY	0.337173	16,307	5,498	64.00
65.00	06500 RESPIRATORY THERAPY	0.480830	118,480	56,969	65.00
66.00	06600 PHYSICAL THERAPY	0.429170	54,059	23,201	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297399	28,111	8,360	67.00
68.00	06800 SPEECH PATHOLOGY	1.157467	363	420	68.00
69.00	06900 ELECTROCARDIOLOGY	0.114997	167,492	19,261	69.00
69.01	06901 CARDIAC REHAB	0.896055	1,276	1,143	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.778883	7,981	6,216	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.392063	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.525656	406,028	213,431	73.00
73.01	07301 ULTRA SOUND	0.105659	53,468	5,649	73.01
74.00	07400 RENAL DIALYSIS	0.619065	8,362	5,177	74.00
76.00	03452 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.244103	2,845	694	90.00
91.00	09100 EMERGENCY	0.324726	227,628	73,917	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.493999	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,876,838	895,178	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)		2,876,838		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 1:36 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		11,419,806	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,706,611	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)		347,946	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		115.36	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.10	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.61	31.00
32.00	Sum of lines 30 and 31		15.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.96	33.00
34.00	Disproportionate share adjustment (see instructions)		365,455	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 1:36 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000100824	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			912,094	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			229,898	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		229,898		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		16,069,716		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)		16,069,716		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,319,245		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)		17,388,961		59.00
60.00	Primary payer payments		8,927		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,380,034		61.00
62.00	Deductibles billed to program beneficiaries		1,834,584		62.00
63.00	Coinurance billed to program beneficiaries		21,608		63.00
64.00	Allowable bad debts (see instructions)		80,309		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		52,201		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		66,809		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,576,043		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)		25,080		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	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: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 1:36 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,601,123		71.00
71.01	Sequestration adjustment (see instructions)		235,577		71.01
72.00	Interim payments		15,459,530		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		-93,984		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		94,310		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	15,105,538	0	0	15,105,538	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	11,419,806	0	11,419,806	0	11,419,806	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	3,706,611	0	0	3,706,611	3,706,611	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	347,946	352,739	298,917	49,029	700,685	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0296	0.0296	0.0296	0.0296		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	365,455	111,781	226,245	27,429	365,455	11.00
11.01	Uncompensated care payments	36.00	229,898	0	0	229,898	229,898	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	16,069,716	111,781	11,944,968	4,012,967	16,069,716	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	16,069,716	111,781	11,944,968	4,012,967	16,069,716	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,319,245	-1	1,003,104	316,142	1,319,245	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			111,780	12,948,072	4,329,109	17,388,961	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Title XVIII		Hospital		PPS		
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	1,203,141	1,201,470	906,865	296,276	2,404,611	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	77,243	77,243	66,947	10,296	154,486	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0323	0.0323	0.0323	0.0323		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	38,861	-1	29,292	9,570	38,861	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,319,245	-1	1,003,104	316,142	1,319,245	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 1:36 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		7,213	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,914,351	2.00
3.00	PPS payments		12,718,679	3.00
4.00	Outlier payment (see instructions)		72,425	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)		7,213	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		23,734	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)		23,734	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		23,734	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,521	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)		7,213	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)		12,791,104	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,964,407	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)		9,833,910	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)		9,833,910	30.00
31.00	Primary payer payments		4,655	31.00
32.00	Subtotal (line 30 minus line 31)		9,829,255	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		156,352	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		101,629	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		144,650	36.00
37.00	Subtotal (see instructions)		9,930,884	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-105	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)		9,930,989	40.00
40.01	Sequestration adjustment (see instructions)		149,958	40.01
41.00	Interim payments		9,763,599	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		17,432	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150005

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2014 1:36 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		15,377,192		9,673,533	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2013	82,338	12/31/2013	90,066	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)		82,338		90,066	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)		15,459,530		9,763,599	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		17,432	6.01
6.02	SETTLEMENT TO PROGRAM		93,984		0	6.02
7.00	Total Medicare program liability (see instructions)		15,365,546		9,781,031	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150005

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2014 1:36 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,116 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			8,562 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,565 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			17,668 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			400,854,934 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			4,610,000 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)			1,214,710 8.00
9.00	Sequestration adjustment amount (see instructions)			24,294 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,190,416 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,109,742 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)			80,674 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/30/2014 1:36 pm
		Title XVIII	Hospital	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)	0	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	0	0	3.00
4.00	Outlier Payments	0		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)	42.821918		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)	0		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)	0		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	0		19.00
20.00	Deductibles	0		20.00
21.00	Subtotal (line 19 minus line 20)	0		21.00
22.00	Coinsurance	0		22.00
23.00	Subtotal (line 21 minus line 22)	0		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)	0		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 ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	0		32.00
32.01	Sequestration adjustment (see instructions)	0		32.01
33.00	Interim payments	15,459,530		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	-15,459,530		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0		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: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2014 1:36 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		2,043,284		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,043,284	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,043,284	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		1,111,316		8.00
9.00	Ancillary service charges		2,876,838	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)		3,988,154	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		3,988,154	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,944,870	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,043,284	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,043,284	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,043,284	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,043,284	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,043,284	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,043,284	0	40.00
41.00	Interim payments		1,917,346	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		125,938	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: 150005

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

Worksheet G

Date/Time Prepared:  
5/30/2014 1:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	5,698,639	0	0	0	1.00
2.00	Temporary investments	3,991,867	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,866,969	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,600,409	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	12,591,913	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)	49,749,797	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	16,307,701	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	326,191,298	0	0	0	15.00
16.00	Accumulated depreciation	-142,662,322	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	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)	199,836,677	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	131,506,649	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	4,139,837	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	135,646,486	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	385,232,960	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,333,796	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,035,362	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,230,436	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,599,594	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	111,478,565	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	111,478,565	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	142,078,159	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	243,154,801	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	243,154,801	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	385,232,960	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150005

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

Worksheet G-1

Date/Time Prepared:  
5/30/2014 1:36 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		226,542,030		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,612,771			2.00
3.00	Total (sum of line 1 and line 2)		243,154,801		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		243,154,801		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)		243,154,801		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150005

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2014 1:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	26,487,363		26,487,363	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,487,363		26,487,363	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,374,298		6,374,298	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)	6,374,298		6,374,298	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,861,661		32,861,661	17.00
18.00	Ancillary services	75,981,696	237,447,352	313,429,048	18.00
19.00	Outpatient services	4,392,478	47,034,063	51,426,541	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PRIVATE OFFICES	1,373,151	48,716,238	50,089,389	27.00
27.01	PHYSICIAN PROFESSIONAL FEES	3,119,855	0	3,119,855	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	117,728,841	333,197,653	450,926,494	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		203,278,935		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	MISC. ADJUSTMENT	4,506			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)		4,506		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		203,274,429		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150005

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

Worksheet G-3

Date/Time Prepared:  
5/30/2014 1:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	450,926,494	1.00
2.00	Less contractual allowances and discounts on patients' accounts	245,556,696	2.00
3.00	Net patient revenues (line 1 minus line 2)	205,369,798	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	203,274,429	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,095,369	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	8,792,712	24.00
24.01	INVESTMENT INCOME	5,724,690	24.01
25.00	Total other income (sum of lines 6-24)	14,517,402	25.00
26.00	Total (line 5 plus line 25)	16,612,771	26.00
27.00		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)	16,612,771	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150005	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/30/2014 1:36 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,203,141	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		77,243	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)		48.41	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.10	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.61	8.00
9.00	Sum of lines 7 and 8		15.71	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.23	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		38,861	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,319,245	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00