

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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/30/2014 5:01 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2014	Time: 5:01 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 IU HEALTH ARNETT HOSPITAL (150173) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 CHIEF FINANCIAL OFFICER
 Title _____
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	66,963	220,116	-242,410	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	66,963	220,116	-242,410	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 12:02 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 6165 MCCARTY LANE	PO Box:						1.00		
2.00	City: LAFAYETTE	State: IN	Zip Code: 47905	County: TIPPECANOE				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	IU HEALTH ARNETT HOSPITAL	150173	29140	1	11/10/2008	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00	
21.00	Type of Control (see instructions)					4			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.	2,121	1,628	3	19	2,786	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	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<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

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

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	725,119	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059	140.00	

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1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 340 WEST 10TH STREET	PO Box:				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		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								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00	
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)						0.50 169.00	
		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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 12:02 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/17/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 12:02 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/17/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER COST REPORTING	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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	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)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	12	4,380	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		180	65,700	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)		180				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: 150173

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2014 12:02 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)	16,827	1,355	33,454			1.00
2.00 HMO and other (see instructions)	4,132	4,300				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,827	1,355	33,454			7.00
8.00 INTENSIVE CARE UNIT	1,611	116	2,868			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 NEONATAL INTENSIVE CARE UNIT	0	411	2,422			12.00
13.00 NURSERY		231	2,471			13.00
14.00 Total (see instructions)	18,438	2,113	41,215	0.00	1,780.32	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	89			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	1,780.32	27.00
28.00 Observation Bed Days		634	5,094			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	144	325			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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 12:02 pm
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Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,933	1,402	10,331	1.00
2.00 HMO and other (see instructions)			954			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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,933	1,402	10,331	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: 150173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	151,133,094	-482,609	150,650,485	3,703,066.00	40.68
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,735,762	0	1,735,762	25,474.75	68.14
4.00	Physician-Part A - Administrative		141,925	0	141,925	823.00	172.45
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		12,320,762	0	12,320,762	66,754.80	184.57
6.00	Non-physician-Part B		377,124	0	377,124	8,186.48	46.07
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		69,995,454	-105,907	69,889,547	1,113,094.00	62.79
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		573,850	0	573,850	5,147.00	111.49
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		612,028	0	612,028	9,448.28	64.78
14.00	Home office salaries & wage-related costs		18,153,637	0	18,153,637	407,219.00	44.58
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,303,039	0	19,303,039		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		13,334,016	0	13,334,016		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		268,010	0	268,010		
22.00	Physician Part A - Administrative		23,386	0	23,386		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,030,150	0	2,030,150		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	936,277	-3,319	932,958	22,256.00	41.92
27.00	Administrative & General	5.00	9,256,940	-30,530	9,226,410	354,064.00	26.06
28.00	Administrative & General under contract (see inst.)		79,262	0	79,262	232.00	341.65
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,141,618	-4,068	2,137,550	105,992.00	20.17
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,236,860	-6,494	1,230,366	92,767.00	13.26
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	821,041	-466,371	354,670	29,019.00	12.22
35.00	Dietary under contract (see instructions)		103,273	0	103,273	7,743.00	13.34
36.00	Cafeteria	11.00	0	466,351	466,351	38,154.00	12.22
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,455,089	-30,080	3,425,009	90,348.00	37.91
39.00	Central Services and Supply	14.00	932,921	-2,902	930,019	54,386.00	17.10
40.00	Pharmacy	15.00	2,613,269	-23,626	2,589,643	71,542.00	36.20
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	283,110	0	283,110	11,420.00	24.79	42.00
43.00	Other General Service	18.00	357,010	-592	356,418	30,900.00	11.53	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150173

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2014 12:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	136,881,981	-482,609	136,399,372	3,610,624.97	37.78	1.00
2.00	Excluded area salaries (see instructions)	69,995,454	-105,907	69,889,547	1,113,094.00	62.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,886,527	-376,702	66,509,825	2,497,530.97	26.63	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,339,515	0	19,339,515	421,814.28	45.85	4.00
5.00	Subtotal wage-related costs (see inst.)	19,326,425	0	19,326,425	0.00	29.06	5.00
6.00	Total (sum of lines 3 thru 5)	105,552,467	-376,702	105,175,765	2,919,345.25	36.03	6.00
7.00	Total overhead cost (see instructions)	22,216,670	-101,631	22,115,039	908,823.00	24.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2014 12:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
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)		9,179,146	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		15,498,224	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		470,316	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		160,717	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)		900,324	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		8,403,713	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		280,801	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		83,359	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		34,976,600	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/30/2014 12:02 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/30/2014 12:02 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.252529	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,513,243	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		42,237,843	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,666,280	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)		1,153,037	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)		337,294	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,932,169	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		487,929	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)		150,635	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)		1,303,672	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	30,247,068	2,939,414	33,186,482	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,638,262	742,287	8,380,549	21.00
22.00	Partial payment by patients approved for charity care	222,542	293,701	516,243	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,415,720	448,586	7,864,306	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,567,315	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		576,560	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,990,755	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,533,071	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,397,377	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,701,049	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	5,188,155	5,188,155	1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP		0	0	4,275,162	4,275,162	1.01
1.02 00102 CAP REL COSTS INTEREST EXPENSE		0	0	12,804,373	12,804,373	1.02
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	8,542,437	8,542,437	2.00
2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP		0	0	2,554,282	2,554,282	2.01
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	936,277	26,733,989	27,670,266	-31,053	27,639,213	4.00
5.01 00540 ADMITTING	4,982,404	984,107	5,966,511	-25,899	5,940,612	5.01
5.06 00564 OTHER ADMINISTRATIVE AND GENERAL	4,274,536	37,594,949	41,869,485	-15,770,656	26,098,829	5.06
7.00 00700 OPERATION OF PLANT	1,073,668	11,787,519	12,861,187	-6,027,922	6,833,265	7.00
7.01 00701 OPERATION OF PLANT - NONHOSPITAL	1,067,950	9,182,656	10,250,606	-4,967,923	5,282,683	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	0	447,729	447,729	0	447,729	8.00
9.00 00900 HOUSEKEEPING	1,236,860	1,179,851	2,416,711	-69,678	2,347,033	9.00
10.00 01000 DIETARY	821,041	1,689,957	2,510,998	-1,429,005	1,081,993	10.00
11.00 01100 CAFETERIA	0	0	0	1,422,619	1,422,619	11.00
13.00 01300 NURSING ADMINISTRATION	3,455,089	1,294,163	4,749,252	-396,166	4,353,086	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	932,921	869,125	1,802,046	8,970,887	10,772,933	14.00
15.00 01500 PHARMACY	2,613,269	6,379,687	8,992,956	-6,088,592	2,904,364	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	283,110	23,062	306,172	-441	305,731	17.00
18.00 01850 PATIENT TRANSPORT SERVICES	357,010	158,362	515,372	-3,276	512,096	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,367,124	4,123,752	25,490,876	-3,812,656	21,678,220	30.00
31.00 03100 INTENSIVE CARE UNIT	2,323,431	1,369,405	3,692,836	-504,505	3,188,331	31.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	2,696,302	411,879	3,108,181	-168,260	2,939,921	35.00
43.00 04300 NURSERY	0	0	0	633,371	633,371	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,119,427	12,388,195	15,507,622	-10,295,706	5,211,916	50.00
51.00 05100 RECOVERY ROOM	537,680	80,106	617,786	-28,780	589,006	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,171,757	537,894	2,709,651	868,309	3,577,960	52.00
53.00 05300 ANESTHESIOLOGY	7,076,484	1,947,986	9,024,470	-339,262	8,685,208	53.00
53.01 05301 ASC ANESTHESIOLOGY	2,050	105,231	107,281	-68,545	38,736	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,963,781	2,349,241	4,313,022	-1,550,768	2,762,254	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	240,102	494,744	734,846	-56,765	678,081	56.00
59.00 05900 CARDIAC CATHETERIZATION	2,022,092	6,444,874	8,466,966	-5,893,161	2,573,805	59.00
60.00 06000 LABORATORY	2,821,771	9,779,517	12,601,288	-451,236	12,150,052	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,400,021	1,400,021	-20,796	1,379,225	63.00
65.00 06500 RESPIRATORY THERAPY	1,401,318	554,594	1,955,912	-382,072	1,573,840	65.00
66.00 06600 PHYSICAL THERAPY	797,619	118,573	916,192	-5,001	911,191	66.00
69.00 06900 ELECTROCARDIOLOGY	883,736	343,601	1,227,337	-136,055	1,091,282	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	75,482	60,778	136,260	-17,620	118,640	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,814,697	4,814,697	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,243,196	9,243,196	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	28,347,023	28,347,023	73.00
74.00 07400 RENAL DIALYSIS	257,991	372,340	630,331	-9,981	620,350	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 ASC (NON-DISTINCT PART)	2,243,798	3,217,576	5,461,374	-2,289,164	3,172,210	75.01
76.00 03020 CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	244,989	31,980	276,969	-7,979	268,990	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 SLEEP CLINIC	378,055	105,202	483,257	-59,535	423,722	90.01
91.00 09100 EMERGENCY	3,447,919	1,956,887	5,404,806	-640,012	4,764,794	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	404,815	60,707	465,522	-23,667	441,855	92.01
93.00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04952 HORIZON CANCER CENTER	982,988	11,136,909	12,119,897	-9,053,322	3,066,575	93.01
93.02 04040 ARNETT CANCER CARE CENTER	1,642,794	9,786,391	11,429,185	-9,614,934	1,814,251	93.02
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	81,137,640	167,503,539	248,641,179	7,424,118	256,065,297	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,163	128,971	180,134	-355	179,779	190.00
191.00 19100 RESEARCH	28,237	2,068	30,305	0	30,305	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	69,051,696	25,434,027	94,485,723	-7,365,310	87,120,413	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 RETAIL PHARMACY	539,840	2,648,479	3,188,319	-16,395	3,171,924	193.01
193.02 19302 WHITE HOSPITAL	0	0	0	-25,207	-25,207	193.02
194.00 07950 MARKETING/PUBLIC RELATIONS	324,518	520,273	844,791	-16,851	827,940	194.00
200.00 TOTAL (SUM OF LINES 118-199)	151,133,094	196,237,357	347,370,451	0	347,370,451	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150173

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

Worksheet A
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	809,526	5,997,681	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	-31,868	4,243,294	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	12,804,373	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,960,356	10,502,793	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	2,554,282	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,843,712	33,482,925	4.00
5.01	00540	ADMINITTING	5,826,566	11,767,178	5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	1,649,658	27,748,487	5.06
7.00	00700	OPERATION OF PLANT	1,851,107	8,684,372	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	-6,307	5,276,376	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	447,729	8.00
9.00	00900	HOUSEKEEPING	304,732	2,651,765	9.00
10.00	01000	DIETARY	0	1,081,993	10.00
11.00	01100	CAFETERIA	-772,664	649,955	11.00
13.00	01300	NURSING ADMINISTRATION	400,785	4,753,871	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,772,933	14.00
15.00	01500	PHARMACY	0	2,904,364	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,539,521	1,539,521	16.00
17.00	01700	SOCIAL SERVICE	0	305,731	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	512,096	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,468,737	15,209,483	30.00
31.00	03100	INTENSIVE CARE UNIT	-151,127	3,037,204	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-1,167,062	1,772,859	35.00
43.00	04300	NURSERY	0	633,371	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,527	5,210,389	50.00
51.00	05100	RECOVERY ROOM	0	589,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-7,341	3,570,619	52.00
53.00	05300	ANESTHESIOLOGY	-8,332,057	353,151	53.00
53.01	05301	ASC ANESTHESIOLOGY	-2,962	35,774	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,762,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	678,081	56.00
59.00	05900	CARDIAC CATHETERIZATION	-119,237	2,454,568	59.00
60.00	06000	LABORATORY	-34,572	12,115,480	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,379,225	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,573,840	65.00
66.00	06600	PHYSICAL THERAPY	0	911,191	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,091,282	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	118,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,814,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,243,196	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,347,023	73.00
74.00	07400	RENAL DIALYSIS	-42,792	577,558	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	3,172,210	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-2,200	266,790	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	SLEEP CLINIC	0	423,722	90.01
91.00	09100	EMERGENCY	-699,011	4,065,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	441,855	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	-686,140	2,380,435	93.01
93.02	04040	ARNETT CANCER CARE CENTER	-67,235	1,747,016	93.02
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,593,124	257,658,421	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	179,779	190.00
191.00	19100	RESEARCH	0	30,305	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87,120,413	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	3,171,924	193.01
193.02	19302	WHITE HOSPITAL	24,875,000	24,849,793	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	827,940	194.00
200.00		TOTAL (SUM OF LINES 118-199)	26,468,124	373,838,575	200.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2014 12:02 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,634	1.00
2.00	OPERATION OF PLANT	7.00	0	1,361	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	99	3.00
4.00	HOUSEKEEPING	9.00	0	782	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,352	5.00
6.00	PHARMACY	15.00	0	3,527	6.00
7.00	ASC ANESTHESIOLOGY	53.01	0	1,027	7.00
8.00	RADIOISOTOPE	56.00	0	3,307	8.00
9.00	LABORATORY	60.00	0	12,376	9.00
10.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	15,077	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	242	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,814,697	12.00
13.00	SLEEP CLINIC	90.01	0	114	13.00
14.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	154	14.00
15.00	HORIZON CANCER CENTER	93.01	0	294	15.00
16.00	ARNETT CANCER CARE CENTER	93.02	0	360	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	4,857,403	
C - IMPLANTABLE DEVICES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	120,483	1.00
2.00	ANESTHESIOLOGY	53.00	0	173	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,243,196	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	TOTALS		0	9,363,852	
D - NON-BILLABLE MEDICAL SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,880	1.00
2.00	OPERATION OF PLANT	7.00	0	39	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,158,736	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2014 12:02 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	9,166,655	
F - CAFETERIA					
1.00	CAFETERIA	11.00	466,351	956,268	1.00
	TOTALS		466,351	956,268	
H - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,347,023	1.00
2.00	ASC (NON-DISTINCT PART)	75.01	0	57,913	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	28,404,936	
I - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,663,583	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,628,497	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,670,890	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	1,462,357	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2014 12:02 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	15,425,327	
J - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	221,508	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	34,602	2.00
	TOTALS		0	256,110	
K - INTEREST ON CAPITAL LEASES					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	81,895	1.00
2.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	935,772	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	1,017,667	
L - CAPITAL-RELATED INTEREST					
1.00	CAP REL COSTS INTEREST EXPENSE	1.02	0	12,804,373	1.00
	TOTALS		0	12,804,373	
M - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	40,921	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	680,201	2.00
3.00	OPERATION OF PLANT	7.00	0	1,289	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	722,411	
P - LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,143	1.00
2.00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1,931,862	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	789,652	3.00
4.00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	156,153	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2014 12:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
	TOTALS		0	3,139,810	
Q - ALLOWABLE ADVERTISING					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	16,177	1.00
	TOTALS		0	16,177	
U - MOTHER BABY - NURSERY					
1.00	NURSERY	43.00	553,685	63,982	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,008,723	116,565	2.00
	TOTALS		1,562,408	180,547	
V - L&D NURSERY					
1.00	NURSERY	43.00	13,802	1,902	1.00
	TOTALS		13,802	1,902	
X - BENEFITS (WHITE HOSPITAL)					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,207	1.00
	TOTALS		0	25,207	
Y - PTO USED AS SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,319	1.00
2.00	ADMINISTRATIVE	5.01	0	23,598	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,932	3.00
4.00	OPERATION OF PLANT	7.00	0	999	4.00
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	3,069	5.00
6.00	HOUSEKEEPING	9.00	0	6,494	6.00
7.00	DIETARY	10.00	0	20	7.00
8.00	NURSING ADMINISTRATION	13.00	0	30,080	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,902	9.00
10.00	PHARMACY	15.00	0	23,626	10.00
11.00	PATIENT TRANSPORT SERVICES	18.00	0	592	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	72,511	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	10,945	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,909	14.00
15.00	OPERATING ROOM	50.00	0	16,538	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,429	16.00
17.00	ANESTHESIOLOGY	53.00	0	9,777	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,439	18.00
19.00	RADIOISOTOPE	56.00	0	4,475	19.00
20.00	LABORATORY	60.00	0	18,683	20.00
21.00	RESPIRATORY THERAPY	65.00	0	15,142	21.00
22.00	PHYSICAL THERAPY	66.00	0	1,356	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	5,367	23.00
24.00	RENAL DIALYSIS	74.00	0	4,200	24.00
25.00	ASC (NON-DISTINCT PART)	75.01	0	12,637	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	6,335	26.00
27.00	SLEEP CLINIC	90.01	0	5,192	27.00
28.00	EMERGENCY	91.00	0	35,613	28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,728	29.00
30.00	ARNETT CANCER CARE CENTER	93.02	0	6,795	30.00
31.00	NONPAID WORKERS	193.00	0	104,688	31.00
32.00	RETAIL PHARMACY	193.01	0	1,219	32.00
	TOTALS		0	482,609	
500.00	Grand Total: Increases		2,042,561	86,821,254	500.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6

Date/Time Prepared:
5/30/2014 12:02 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	61	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	42,337	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	40,511	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,430	0	5.00
6.00	OPERATING ROOM	50.00	0	1,468,651	0	6.00
7.00	RECOVERY ROOM	51.00	0	85	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,444	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	32,426	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,762	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,358	0	11.00
12.00	OPERATION OF PLANT	7.00	0	1	0	12.00
13.00	RENAL DIALYSIS	74.00	0	478	0	13.00
14.00	ASC (NON-DISTINCT PART)	75.01	0	375,005	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,255,477	0	15.00
16.00	EMERGENCY	91.00	0	18,773	0	16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	538,570	0	17.00
TOTALS			0	4,857,403		
C - IMPLANTABLE DEVICES						
1.00	NURSING ADMINISTRATION	13.00	0	392	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,994	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	14,438	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	10,905	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	123	0	5.00
6.00	OPERATING ROOM	50.00	0	6,675,732	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,595	0	7.00
8.00	LABORATORY	60.00	0	984	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	1,531	0	9.00
10.00	RENAL DIALYSIS	74.00	0	163	0	10.00
11.00	ASC (NON-DISTINCT PART)	75.01	0	1,083,888	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,514,415	0	12.00
13.00	EMERGENCY	91.00	0	4,390	0	13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	45,302	0	14.00
TOTALS			0	9,363,852		
D - NON-BILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,851	0	1.00
2.00	ADMINISTRATIVE	5.01	0	5,181	0	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	14,166	0	3.00
4.00	HOUSEKEEPING	9.00	0	62,473	0	4.00
5.00	DIETARY	10.00	0	3,422	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	14,652	0	6.00
7.00	PHARMACY	15.00	0	468,046	0	7.00
8.00	PATIENT TRANSPORT SERVICES	18.00	0	82	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,633,615	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	353,400	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	122,716	0	11.00
12.00	OPERATING ROOM	50.00	0	1,543,418	0	12.00
13.00	RECOVERY ROOM	51.00	0	12,939	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	162,095	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	207,864	0	15.00
16.00	ASC ANESTHESIOLOGY	53.01	0	49,274	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	222,892	0	17.00
18.00	RADIOISOTOPE	56.00	0	20,945	0	18.00
19.00	LABORATORY	60.00	0	269,879	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35,873	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	215,468	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	3,590	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	20,574	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	642	0	24.00
25.00	RENAL DIALYSIS	74.00	0	7,436	0	25.00
26.00	ASC (NON-DISTINCT PART)	75.01	0	734,352	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	947,264	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	7,439	0	28.00
29.00	SLEEP CLINIC	90.01	0	22,343	0	29.00
30.00	EMERGENCY	91.00	0	581,835	0	30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	22,015	0	31.00
32.00	HORIZON CANCER CENTER	93.01	0	103,586	0	32.00
33.00	ARNETT CANCER CARE CENTER	93.02	0	96,085	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,196,881	0	34.00
35.00	RETAIL PHARMACY	193.01	0	2,311	0	35.00

RECLASSIFICATIONS

Provider CCN: 150173

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

Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
36.00	MARKETING/PUBLIC RELATIONS	194.00	0	51	0	36.00
	TOTALS	0	9,166,655			
F - CAFETERIA						
1.00	DIETARY	10.00	466,351	956,268	0	1.00
	TOTALS	466,351	956,268			
H - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	54,375	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.01	0	3	0	2.00
3.00	OPERATION OF PLANT - NONHOSPITAL	5.06	0	23,331	0	3.00
4.00	DIETARY	10.00	0	1,015	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	70,562	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	621	0	6.00
7.00	PHARMACY	15.00	0	5,159,257	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	43,682	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	9,879	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,237	0	10.00
11.00	OPERATING ROOM	50.00	0	76,261	0	11.00
12.00	RECOVERY ROOM	51.00	0	196	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,644	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	99,145	0	14.00
15.00	ASC ANESTHESIOLOGY	53.01	0	16,579	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	118,768	0	16.00
17.00	RADIOISOTOPE	56.00	0	14,009	0	17.00
18.00	LABORATORY	60.00	0	5,781	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	3,140	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	1,411	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	26,582	0	21.00
22.00	RENAL DIALYSIS	74.00	0	1,431	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	56,277	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	134	0	24.00
25.00	SLEEP CLINIC	90.01	0	13	0	25.00
26.00	EMERGENCY	91.00	0	10,582	0	26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,806	0	27.00
28.00	HORIZON CANCER CENTER	93.01	0	8,882,940	0	28.00
29.00	ARNETT CANCER CARE CENTER	93.02	0	9,495,285	0	29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,214,532	0	30.00
31.00	RETAIL PHARMACY	193.01	0	6,458	0	31.00
	TOTALS	0	28,404,936			
I - DEPRECIATION						
1.00	ADMINISTRATIVE AND GENERAL	5.01	0	5,604	9	1.00
2.00	OPERATION OF PLANT - NONHOSPITAL	5.06	0	2,580,736	9	2.00
3.00	HOUSEKEEPING	7.00	0	5,768,436	9	3.00
4.00	DIETARY	7.01	0	1,521,864	9	4.00
5.00	NURSING ADMINISTRATION	9.00	0	7,243	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	10.00	0	172	0	6.00
7.00	PHARMACY	13.00	0	282,403	0	7.00
8.00	ADULTS & PEDIATRICS	14.00	0	52,406	0	8.00
9.00	INTENSIVE CARE UNIT	15.00	0	426,316	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	30.00	0	201,431	0	10.00
11.00	OPERATING ROOM	31.00	0	60,876	0	11.00
12.00	RECOVERY ROOM	35.00	0	21,410	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	50.00	0	481,221	0	13.00
14.00	ASC ANESTHESIOLOGY	51.00	0	14,376	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	52.00	0	44,548	0	15.00
16.00	RADIOISOTOPE	53.01	0	3,719	0	16.00
17.00	LABORATORY	54.00	0	1,118,636	0	17.00
18.00	RESPIRATORY THERAPY	56.00	0	24,752	0	18.00
19.00	ELECTROCARDIOLOGY	60.00	0	141,592	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	65.00	0	43,128	0	20.00
21.00	RENAL DIALYSIS	69.00	0	88,993	0	21.00
22.00	ASC (NON-DISTINCT PART)	70.00	0	16,978	0	22.00
23.00	CARDIAC CATHETERIZATION	74.00	0	135	0	23.00
24.00	SLEEP CLINIC	75.01	0	55,725	0	24.00
25.00	EMERGENCY	59.00	0	1,082,000	0	25.00
26.00	HORIZON CANCER CENTER	90.01	0	28,957	0	26.00
27.00	ARNETT CANCER CARE CENTER	91.00	0	17,342	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	93.01	0	62,911	0	28.00
29.00	RETAIL PHARMACY	93.02	0	21,789	0	29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	325	0	30.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,241,257	0	31.00	
32.00	RETAIL PHARMACY	193.01	0	7,626	0	32.00	
33.00	MARKETING/PUBLIC RELATIONS	194.00	0	420	0	33.00	
	TOTALS		0	15,425,327			
J - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	256,110	12	1.00	
2.00		0.00	0	0	12	2.00	
	TOTALS		0	256,110			
K - INTEREST ON CAPITAL LEASES							
1.00	ADMINISTRATIVE	5.01	0	382	10	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,322	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	31	0	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	925,771	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	10,115	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,066	0	6.00	
7.00	PHARMACY	15.00	0	169	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	378	0	8.00	
9.00	OPERATING ROOM	50.00	0	3,460	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,949	0	10.00	
11.00	LABORATORY	60.00	0	276	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	468	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	148	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	34,412	0	14.00	
15.00	EMERGENCY	91.00	0	66	0	15.00	
16.00	HORIZON CANCER CENTER	93.01	0	637	0	16.00	
17.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30	0	17.00	
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,987	0	18.00	
	TOTALS		0	1,017,667			
L - CAPITAL-RELATED INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,804,373	11	1.00	
	TOTALS		0	12,804,373			
M - PROPERTY TAXES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,335	13	1.00	
2.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	662,756	13	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	16,385	0	3.00	
4.00	PHARMACY	15.00	0	13,482	0	4.00	
5.00	OPERATING ROOM	50.00	0	5,921	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,172	0	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	4,749	0	7.00	
8.00	ASC (NON-DISTINCT PART)	75.01	0	5,921	0	8.00	
9.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,690	0	9.00	
	TOTALS		0	722,411			
P - LEASE							
1.00	ADMINISTRATIVE	5.01	0	14,729	10	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	244,623	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	262,143	10	3.00	
4.00	OPERATION OF PLANT - NONHOSPITAL	7.01	0	1,843,465	10	4.00	
5.00	HOUSEKEEPING	9.00	0	744	0	5.00	
6.00	DIETARY	10.00	0	1,777	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	1,596	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	131,114	0	8.00	
9.00	PHARMACY	15.00	0	24,849	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	441	0	10.00	
11.00	PATIENT TRANSPORT SERVICES	18.00	0	3,194	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	133,820	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	28,934	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,344	0	14.00	
15.00	OPERATING ROOM	50.00	0	41,042	0	15.00	
16.00	RECOVERY ROOM	51.00	0	1,184	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,777	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,761	0	18.00	
19.00	RADIOISOTOPE	56.00	0	366	0	19.00	
20.00	LABORATORY	60.00	0	45,100	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	112,230	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	338	0	22.00	

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
23.00	ASC (NON-DISTINCT PART)	75.01	0	92,186	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	3,316	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	406	0	25.00	
26.00	SLEEP CLINIC	90.01	0	8,336	0	26.00	
27.00	EMERGENCY	91.00	0	7,024	0	27.00	
28.00	HORIZON CANCER CENTER	93.01	0	3,542	0	28.00	
29.00	ARNETT CANCER CARE CENTER	93.02	0	2,135	0	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	111,091	0	30.00	
31.00	MARKETING/PUBLIC RELATIONS	194.00	0	203	0	31.00	
	TOTALS		0	3,139,810			
0 - ALLOWABLE ADVERTISING							
1.00	MARKETING/PUBLIC RELATIONS	194.00	0	16,177	0	1.00	
	TOTALS		0	16,177			
U - MOTHER BABY - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,562,408	180,547	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,562,408	180,547			
V - L&D NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	13,802	1,902	0	1.00	
	TOTALS		13,802	1,902			
X - BENEFITS (WHITE HOSPITAL)							
1.00	WHITE HOSPITAL	193.02	0	25,207	0	1.00	
	TOTALS		0	25,207			
Y - PTO USED AS SHORT-TERM DISABILITY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,319	0	0	1.00	
2.00	ADMINISTRATIVE	5.01	23,598	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,932	0	0	3.00	
4.00	OPERATION OF PLANT	7.00	999	0	0	4.00	
5.00	OPERATION OF PLANT - NONHOSPITAL	7.01	3,069	0	0	5.00	
6.00	HOUSEKEEPING	9.00	6,494	0	0	6.00	
7.00	DIETARY	10.00	20	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	30,080	0	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	2,902	0	0	9.00	
10.00	PHARMACY	15.00	23,626	0	0	10.00	
11.00	PATIENT TRANSPORT SERVICES	18.00	592	0	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	72,511	0	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	10,945	0	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	13,909	0	0	14.00	
15.00	OPERATING ROOM	50.00	16,538	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	18,429	0	0	16.00	
17.00	ANESTHESIOLOGY	53.00	9,777	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	9,439	0	0	18.00	
19.00	RADIOISOTOPE	56.00	4,475	0	0	19.00	
20.00	LABORATORY	60.00	18,683	0	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	15,142	0	0	21.00	
22.00	PHYSICAL THERAPY	66.00	1,356	0	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	5,367	0	0	23.00	
24.00	RENAL DIALYSIS	74.00	4,200	0	0	24.00	
25.00	ASC (NON-DISTINCT PART)	75.01	12,637	0	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	6,335	0	0	26.00	
27.00	SLEEP CLINIC	90.01	5,192	0	0	27.00	
28.00	EMERGENCY	91.00	35,613	0	0	28.00	
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	7,728	0	0	29.00	
30.00	ARNETT CANCER CARE CENTER	93.02	6,795	0	0	30.00	
31.00	NONPAID WORKERS	193.00	104,688	0	0	31.00	
32.00	RETAIL PHARMACY	193.01	1,219	0	0	32.00	
	TOTALS		482,609	0			
500.00	Grand Total: Decreases		2,525,170	86,338,645		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	502,084	3,619,374	0	3,619,374	0	1.00
2.00	Land Improvements	107,468	0	0	0	0	2.00
3.00	Buildings and Fixtures	191,829,567	17,591,385	0	17,591,385	32,927,641	3.00
4.00	Building Improvements	4,886,730	7,923,372	0	7,923,372	0	4.00
5.00	Fixed Equipment	2,938,245	2,374,855	0	2,374,855	0	5.00
6.00	Movable Equipment	65,592,429	8,668,750	0	8,668,750	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	265,856,523	40,177,736	0	40,177,736	32,927,641	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	265,856,523	40,177,736	0	40,177,736	32,927,641	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,121,458	0				1.00
2.00	Land Improvements	107,468	0				2.00
3.00	Buildings and Fixtures	176,493,311	0				3.00
4.00	Building Improvements	12,810,102	0				4.00
5.00	Fixed Equipment	5,313,100	0				5.00
6.00	Movable Equipment	74,261,179	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	273,106,618	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	273,106,618	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

Period:
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Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0				1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150173

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	270,106,618	0	270,106,618	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	270,106,618	0	270,106,618	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,473,109	262,143	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	0	0	1,628,497	1,931,862	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,670,890	2,831,903	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	1,462,357	1,091,925	2.01
3.00	Total (sum of lines 1-2)	0	0	0	16,234,853	6,117,833	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	221,508	40,921	0	5,997,681	1.00
1.01	CAP REL COSTS-BLDG & FIXT - NONHOSP	-31,868	34,602	680,201	0	4,243,294	1.01
1.02	CAP REL COSTS INTEREST EXPENSE	12,804,373	0	0	0	12,804,373	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	10,502,793	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0	2,554,282	2.01
3.00	Total (sum of lines 1-2)	12,772,505	256,110	721,122	0	36,102,423	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150173

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

Worksheet A-8

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - NONHOSP (chapter 2)			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	1.01
1.02 Investment income - CAP REL COSTS INTEREST EXPENSE (chapter 2)			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP - NONHOSP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	2.01
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-16,229	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,537,277	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	47,494,744	0		0.00	0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			0	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS INTEREST EXPENSE			0	CAP REL COSTS INTEREST EXPENSE	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00

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			3.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP			0	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01	0	27.01
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00				0		0.00	0	33.00
33.01	WHITE HOSPITAL OPERATING EXPENSES	A	24,875,000		WHITE HOSPITAL	193.02	0	33.01
33.02	RECRUITING EXP ADVERTISING	A	-8,712		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	RECRUITING EXP RELOCATION	A	-94,604		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	RECRUITING EXP ADVERTISING	A	-46		ADULTS & PEDIATRICS	30.00	0	33.04
33.05	RECRUITING EXP ADVERTISING	A	-200		RENAL DIALYSIS	74.00	0	33.05
33.06	MISCELLANEOUS INCOME	B	-19,389		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-338,397		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.07
33.08	MISCELLANEOUS INCOME	B	-27,190		OPERATION OF PLANT	7.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-6,307		OPERATION OF PLANT - NONHOSPITAL	7.01	0	33.09
33.10	LOBBYING COSTS	A	-10,284		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.10
33.11	MISCELLANEOUS INCOME	B	-815,324		CAFETERIA	11.00	0	33.11
33.12	EMPLOYEE BENEFITS EXPENSE	A	-25,470,438		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-3,019		NURSING ADMINISTRATION	13.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-7,341		DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-34,572		LABORATORY	60.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-42,592		RENAL DIALYSIS	74.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-116,737		CARDIAC CATHETERIZATION	59.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-2,200		CARDIAC REHABILITATION	76.97	0	33.18
33.19	MISCELLANEOUS INCOME	B	-679,045		HORIZON CANCER CENTER	93.01	0	33.19
33.20	ACCRUED PTO	A	-290,217		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	CONTRIBUTION EXPENSE	A	-379,000		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.21
33.22	CONTRIBUTION EXPENSE	A	-2,500		CARDIAC CATHETERIZATION	59.00	0	33.22
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		26,468,124					50.00

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

Provider CCN: 150173

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2014 12:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,071,669	262,143	1.00
2.00	1.01	CAP REL COSTS-BLDG & FIXT -	HOME OFFICE ALLOCATION	0	31,868	2.00
3.00	1.02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	12,916,614	12,916,614	3.00
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1,960,356	0	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	31,967,412	314,872	4.01
4.02	5.01	ADMITTING	HOME OFFICE ALLOCATION	5,826,566	0	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE ALLOCATION	15,519,880	12,468,211	4.03
4.04	7.00	OPERATION OF PLANT	HOME OFFICE ALLOCATION	2,040,635	162,338	4.04
4.05	7.01	OPERATION OF PLANT - NONHOSP	HOME OFFICE ALLOCATION	37,166	37,166	4.05
4.06	9.00	HOUSEKEEPING	HOME OFFICE ALLOCATION	304,732	0	4.06
4.07	11.00	CAFETERIA	HOME OFFICE ALLOCATION	42,660	0	4.07
4.08	13.00	NURSING ADMINISTRATION	HOME OFFICE ALLOCATION	555,181	94,436	4.08
4.09	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE ALLOCATION	1,539,521	0	4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE ALLOCATION	272,486	272,486	4.10
4.11	60.00	LABORATORY	HOME OFFICE ALLOCATION	7,095,145	7,095,145	4.11
4.12	69.00	ELECTROCARDIOLOGY	HOME OFFICE ALLOCATION	4,039	4,039	4.12
4.13	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE ALLOCATION	36,000	36,000	4.13
4.14	91.00	EMERGENCY	HOME OFFICE ALLOCATION	36,000	36,000	4.14
5.00	0		0	81,226,062	33,731,318	5.00

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

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

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

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

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

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

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

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

Provider CCN: 150173

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2014 12:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	809,526	9		1.00
2.00	-31,868	11		2.00
3.00	0	9		3.00
4.00	1,960,356	10		4.00
4.01	31,652,540	0		4.01
4.02	5,826,566	0		4.02
4.03	3,051,669	0		4.03
4.04	1,878,297	0		4.04
4.05	0	0		4.05
4.06	304,732	0		4.06
4.07	42,660	0		4.07
4.08	460,745	0		4.08
4.09	1,539,521	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
5.00	47,494,744			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150173

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2014 12:02 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	20,072	20,072	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	563,497	563,497	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	56,941	56,941	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	6,476,634	6,454,634	22,000	150,200	110	4.00
5.00	31.00	INTENSIVE CARE UNIT	642,897	151,127	491,770	150,200	8,760	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,191,331	1,149,931	41,400	182,900	276	6.00
7.00	50.00	OPERATING ROOM	1,527	1,527	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	8,367,248	8,288,723	78,525	167,500	437	8.00
9.00	53.01	ASC ANESTHESIOLOGY	2,962	2,962	0	0	0	9.00
10.00	91.00	EMERGENCY	742,843	634,823	108,020	150,200	607	10.00
11.00	93.01	HORIZON CANCER CENTER	12,713	475	12,238	142,500	82	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	67,235	67,235	0	0	0	12.00
200.00			18,145,900	17,391,947	753,953		10,272	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	7,943	397	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	632,573	31,629	0	0	0	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	24,269	1,213	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	35,191	1,760	0	0	0	8.00
9.00	53.01	ASC ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	43,832	2,192	0	0	0	10.00
11.00	93.01	HORIZON CANCER CENTER	5,618	281	0	0	0	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	0	0	0	0	0	12.00
200.00			749,426	37,472	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	20,072	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	563,497	2.00
3.00	13.00	NURSING ADMINISTRATION	0	0	0	56,941	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	7,943	14,057	6,468,691	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	632,573	0	151,127	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	24,269	17,131	1,167,062	6.00
7.00	50.00	OPERATING ROOM	0	0	0	1,527	7.00
8.00	53.00	ANESTHESIOLOGY	0	35,191	43,334	8,332,057	8.00
9.00	53.01	ASC ANESTHESIOLOGY	0	0	0	2,962	9.00
10.00	91.00	EMERGENCY	0	43,832	64,188	699,011	10.00
11.00	93.01	HORIZON CANCER CENTER	0	5,618	6,620	7,095	11.00
12.00	93.02	ARNETT CANCER CARE CENTER	0	0	0	67,235	12.00
200.00			0	749,426	145,330	17,537,277	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,997,681	5,997,681				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	4,243,294	0	4,243,294			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	12,804,373	0	0	12,804,373		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,502,793				10,502,793	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,554,282				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,482,925	0	0	0	0	4.00
5.01	00540	ADMITTING	11,767,178	52,205	15,955	111,451	91,418	5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	27,748,487	160,665	2,365	343,002	281,347	5.06
7.00	00700	OPERATION OF PLANT	8,684,372	1,125,956	1,867	2,403,789	1,971,709	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	5,276,376	0	19,317	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	447,729	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,651,765	59,636	3,339	127,316	104,431	9.00
10.00	01000	DIETARY	1,081,993	95,154	0	203,144	166,629	10.00
11.00	01100	CAFETERIA	649,955	96,885	0	206,838	169,659	11.00
13.00	01300	NURSING ADMINISTRATION	4,753,871	146,581	4,441	312,934	256,684	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,772,933	277,120	2,064	591,619	485,276	14.00
15.00	01500	PHARMACY	2,904,364	65,538	11,931	139,915	114,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,539,521	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	305,731	3,139	0	6,701	5,496	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	512,096	19,557	0	41,751	34,246	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,209,483	1,625,386	0	3,470,019	2,846,287	30.00
31.00	03100	INTENSIVE CARE UNIT	3,037,204	167,305	0	357,176	292,974	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	1,772,859	142,275	0	303,742	249,144	35.00
43.00	04300	NURSERY	633,371	60,387	0	128,919	105,746	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,210,389	460,829	8,267	983,817	806,977	50.00
51.00	05100	RECOVERY ROOM	589,006	60,548	0	129,263	106,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,570,619	326,239	0	696,484	571,291	52.00
53.00	05300	ANESTHESIOLOGY	353,151	9,242	0	19,730	16,184	53.00
53.01	05301	ASC ANESTHESIOLOGY	35,774	0	5,345	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,762,254	166,969	0	356,461	292,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	678,081	26,491	0	56,556	46,390	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,454,568	177,700	0	379,369	311,178	59.00
60.00	06000	LABORATORY	12,115,480	125,656	1,102	268,262	220,042	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,379,225	9,202	0	19,644	16,113	63.00
65.00	06500	RESPIRATORY THERAPY	1,573,840	15,291	21,161	32,645	26,777	65.00
66.00	06600	PHYSICAL THERAPY	911,191	21,971	0	46,906	38,474	66.00
69.00	06900	ELECTROCARDIOLOGY	1,091,282	27,310	0	58,303	47,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,640	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,814,697	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,243,196	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,347,023	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	577,558	23,473	18,181	50,113	41,105	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	3,172,210	0	410,347	0	0	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	266,790	0	21,161	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	423,722	0	71,703	0	0	90.01
91.00	09100	EMERGENCY	4,065,783	322,644	0	688,810	564,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	441,855	77,489	0	165,430	135,694	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	2,380,435	0	51,957	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	1,747,016	0	113,028	0	0	93.02
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	257,658,421	5,948,843	783,531	12,700,109	10,417,271	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179,779	32,393	0	69,156	56,725	190.00
191.00	19100	RESEARCH	30,305	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	87,120,413	16,445	3,443,565	35,108	28,797	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	3,171,924	0	16,198	0	0	193.01
193.02	19302	WHITE HOSPITAL	24,849,793	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	827,940	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	373,838,575	5,997,681	4,243,294	12,804,373	10,502,793	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	CAPITAL	EMPLOYEE	ADMITTING	Subtotal	OTHER				
	RELATED COSTS						BENEFITS		ADMINISTRATIVE
	MVBLE EQUIP -						DEPARTMENT		AND GENERAL
	NONHOSP								
	2.01	4.00	5.01	5A.01	5.06				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00			
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01			
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02			
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00			
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2,554,282				2.01			
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	33,482,925			4.00			
5.01 00540	ADMITTING	9,604	1,109,945	13,157,756		5.01			
5.06 00564	OTHER ADMINISTRATIVE AND GENERAL	1,424	952,251	0	29,489,541	5.06			
7.00 00700	OPERATION OF PLANT	1,124	239,184	0	14,428,001	7.00			
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	11,628	237,910	0	5,545,231	7.01			
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	447,729	8.00			
9.00 00900	HOUSEKEEPING	2,010	275,539	0	3,224,036	9.00			
10.00 01000	DIETARY	0	79,015	0	1,625,935	10.00			
11.00 01100	CAFETERIA	0	103,890	0	1,227,227	11.00			
13.00 01300	NURSING ADMINISTRATION	2,673	769,701	0	6,246,885	13.00			
14.00 01400	CENTRAL SERVICES & SUPPLY	1,242	207,830	0	12,338,084	14.00			
15.00 01500	PHARMACY	7,182	582,166	0	3,825,862	15.00			
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,539,521	16.00			
17.00 01700	SOCIAL SERVICE	0	63,069	0	384,136	17.00			
18.00 01850	PATIENT TRANSPORT SERVICES	0	79,532	0	687,182	18.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	0	4,242,537	998,167	28,391,879	30.00			
31.00 03100	INTENSIVE CARE UNIT	0	515,564	129,858	4,500,081	31.00			
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	600,663	125,545	3,194,228	35.00			
43.00 04300	NURSERY	0	126,410	31,973	1,086,806	43.00			
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	4,977	694,924	1,121,843	9,292,023	50.00			
51.00 05100	RECOVERY ROOM	0	119,781	109,488	1,114,114	51.00			
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	479,077	195,493	5,839,203	52.00			
53.00 05300	ANESTHESIOLOGY	0	1,576,450	273,049	2,247,806	53.00			
53.01 05301	ASC ANESTHESIOLOGY	3,218	457	26,291	71,085	53.01			
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	437,477	887,449	4,902,997	54.00			
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00			
56.00 05600	RADIOISOTOPE	0	53,488	165,008	1,026,014	56.00			
59.00 05900	CARDIAC CATHETERIZATION	0	450,468	656,769	4,430,052	59.00			
60.00 06000	LABORATORY	663	628,614	1,148,792	14,508,611	60.00			
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	101,122	1,525,306	63.00			
65.00 06500	RESPIRATORY THERAPY	12,738	312,176	154,574	2,149,202	65.00			
66.00 06600	PHYSICAL THERAPY	0	177,688	80,103	1,276,333	66.00			
69.00 06900	ELECTROCARDIOLOGY	0	196,873	285,184	1,706,775	69.00			
70.00 07000	ELECTROENCEPHALOGRAPHY	0	16,815	10,103	145,558	70.00			
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	213,517	5,028,214	71.00			
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	752,043	9,995,239	72.00			
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1,879,369	30,226,392	73.00			
74.00 07400	RENAL DIALYSIS	10,944	57,473	14,976	793,823	74.00			
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00			
75.01 07501	ASC (NON-DISTINCT PART)	247,011	499,858	976,899	5,306,325	75.01			
76.00 03020	CARDIAC CATHETERIZATION	0	0	0	0	76.00			
76.97 07697	CARDIAC REHABILITATION	12,738	54,577	4,416	359,682	76.97			
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0	0	90.00			
90.01 04950	SLEEP CLINIC	43,162	482,057	90,231	1,110,875	90.01			
91.00 09100	EMERGENCY	0	768,103	1,003,199	7,413,535	91.00			
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00			
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	90,182	123,697	1,034,347	92.01			
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00			
93.01 04952	HORIZON CANCER CENTER	31,276	218,983	88,747	2,771,398	93.01			
93.02 04040	ARNETT CANCER CARE CENTER	68,038	365,970	87,357	2,381,409	93.02			
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1-117)	471,652	17,866,697	11,735,262	234,838,682	17,585,895			
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,398	0	349,451	190.00			
191.00 19100	RESEARCH	0	6,290	0	36,595	191.00			
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,072,879	15,382,792	1,422,494	109,522,493	192.00			
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00			
193.01 19301	RETAIL PHARMACY	9,751	120,262	0	3,318,135	193.01			
193.02 19302	WHITE HOSPITAL	0	23,192	0	24,872,985	193.02			
194.00 07950	MARKETING/PUBLIC RELATIONS	0	72,294	0	900,234	194.00			
200.00	Cross Foot Adjustments	0	0	0	0	200.00			
201.00	Negative Cost Centers	0	0	0	0	201.00			

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	MVBLE EQUIP - NONHOSP					
202.00 TOTAL (sum lines 118-201)	2.01	4.00	5.01	5A.01	5.06	202.00
	2,554,282	33,482,925	13,157,756	373,838,575	29,489,541	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	15,663,601				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	6,020,119			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	486,072		8.00
9.00	00900	HOUSEKEEPING	200,502	4,782	0	3,705,423	9.00
10.00	01000	DIETARY	319,919	0	0	76,662	2,161,759
11.00	01100	CAFETERIA	325,737	0	0	78,056	0
13.00	01300	NURSING ADMINISTRATION	492,822	6,360	0	118,095	0
14.00	01400	CENTRAL SERVICES & SUPPLY	931,708	2,956	0	223,265	0
15.00	01500	PHARMACY	220,345	17,086	0	52,801	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	10,553	0	0	2,529	0
18.00	01850	PATIENT TRANSPORT SERVICES	65,752	0	0	15,756	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,464,740	0	374,190	1,309,517	1,885,831
31.00	03100	INTENSIVE CARE UNIT	562,497	0	33,382	134,791	168,240
35.00	02040	NEONATAL INTENSIVE CARE UNIT	478,346	0	28,280	114,626	0
43.00	04300	NURSERY	203,027	0	28,852	48,651	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,549,358	11,839	0	371,273	0
51.00	05100	RECOVERY ROOM	203,569	0	0	48,781	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,096,853	0	6,527	262,839	32,895
53.00	05300	ANESTHESIOLOGY	31,072	0	0	7,446	0
53.01	05301	ASC ANESTHESIOLOGY	0	7,655	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	561,370	0	0	134,521	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	89,067	0	0	21,343	0
59.00	05900	CARDIAC CATHETERIZATION	597,447	0	0	143,166	0
60.00	06000	LABORATORY	422,470	1,577	0	101,237	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,937	0	0	7,413	0
65.00	06500	RESPIRATORY THERAPY	51,411	30,304	0	12,320	0
66.00	06600	PHYSICAL THERAPY	73,869	0	0	17,701	0
69.00	06900	ELECTROCARDIOLOGY	91,818	0	0	22,002	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	78,920	26,036	0	18,912	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	587,645	0	0	0
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	30,304	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	102,684	0	0	0
91.00	09100	EMERGENCY	1,084,767	0	0	259,943	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	260,526	0	14,841	62,430	74,793
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04952	HORIZON CANCER CENTER	0	74,406	0	0	0
93.02	04040	ARNETT CANCER CARE CENTER	0	161,864	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,499,402	1,065,498	486,072	3,666,076	2,161,759
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,910	0	0	26,098	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,289	4,931,424	0	13,249	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	23,197	0	0	0
193.02	19302	WHITE HOSPITAL	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	15,663,601	6,020,119	486,072	3,705,423	2,161,759

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00540						5.01
5.06	00564						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,736,118					11.00
13.00	01300	88,032	7,487,171				13.00
14.00	01400	52,993	0	14,605,627			14.00
15.00	01500	69,712	0	295,644	4,809,093		15.00
16.00	01600	0	0	0	0	1,671,364	16.00
17.00	01700	11,126	0	0	0	0	17.00
18.00	01850	30,114	0	52	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	543,228	3,230,860	1,031,881	0	126,805	30.00
31.00	03100	71,313	612,178	223,227	0	16,497	31.00
35.00	02040	57,857	480,781	77,515	0	15,949	35.00
43.00	04300	19,252	190,866	0	0	4,062	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	101,144	536,233	974,905	0	142,517	50.00
51.00	05100	14,814	146,866	8,172	0	13,909	51.00
52.00	05200	103,555	802,039	102,387	0	24,835	52.00
53.00	05300	52,973	247,523	131,298	0	34,688	53.00
53.01	05301	0	0	31,125	0	3,340	53.01
54.00	05400	64,423	4,219	140,791	1,071	112,740	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	7,762	0	13,230	0	20,962	56.00
59.00	05900	59,985	329,495	598,343	23	83,435	59.00
60.00	06000	112,188	0	170,470	0	145,941	60.00
63.00	06300	0	0	22,659	0	12,846	63.00
65.00	06500	51,879	19,890	136,101	0	19,637	65.00
66.00	06600	22,656	0	2,268	0	10,176	66.00
69.00	06900	35,444	71,926	12,996	0	36,229	69.00
70.00	07000	2,391	0	406	0	1,283	70.00
71.00	07100	0	0	3,041,227	0	27,125	71.00
72.00	07200	0	0	5,838,505	0	95,538	72.00
73.00	07300	0	0	0	4,805,992	238,577	73.00
74.00	07400	17,084	52,438	4,697	0	1,903	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	463,857	0	124,104	75.01
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	4,699	0	561	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	14,113	0	11,463	90.01
91.00	09100	118,551	658,588	367,520	0	127,445	91.00
92.00	09200						92.00
92.01	09201	13,193	103,269	13,906	0	15,714	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	0	47,493	0	11,274	93.01
93.02	04040	0	0	57,450	0	11,098	93.02
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	1,721,669	7,487,171	13,826,937	4,807,086	1,490,653	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,290	0	0	0	0	190.00
191.00	19100	1,013	0	0	0	0	191.00
192.00	19200	0	0	777,198	2,007	180,711	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	1,460	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	11,146	0	32	0	0	194.00
200.00							200.00
201.00							201.00
202.00							202.00
	Cross Foot Adjustments						
	Negative Cost Centers	0	0	0	0	0	
	TOTAL (sum lines 118-201)	1,736,118	7,487,171	14,605,627	4,809,093	1,671,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.06 00564	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
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	441,241				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	857,706			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	384,921	660,283	45,835,587	0	45,835,587
31.00 03100	INTENSIVE CARE UNIT	34,340	58,906	6,800,834	0	6,800,834
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	49,902	4,771,034	0	4,771,034
43.00 04300	NURSERY	0	50,911	1,725,500	0	1,725,500
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	13,775,052	0	13,775,052
51.00 05100	RECOVERY ROOM	0	0	1,645,637	0	1,645,637
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,714	11,517	8,789,428	0	8,789,428
53.00 05300	ANESTHESIOLOGY	0	0	2,945,306	0	2,945,306
53.01 05301	ASC ANESTHESIOLOGY	0	0	119,293	0	119,293
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	6,342,020	0	6,342,020
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	1,266,245	0	1,266,245
59.00 05900	CARDIAC CATHETERIZATION	0	0	6,621,331	0	6,621,331
60.00 06000	LABORATORY	0	0	16,704,997	0	16,704,997
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,729,787	0	1,729,787
65.00 06500	RESPIRATORY THERAPY	0	0	2,654,800	0	2,654,800
66.00 06600	PHYSICAL THERAPY	0	0	1,512,307	0	1,512,307
69.00 06900	ELECTROCARDIOLOGY	0	0	2,123,357	0	2,123,357
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	162,103	0	162,103
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,527,177	0	8,527,177
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,785,264	0	16,785,264
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	37,859,519	0	37,859,519
74.00 07400	RENAL DIALYSIS	0	0	1,061,795	0	1,061,795
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	0	6,936,359	0	6,936,359
76.00 03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	426,049	0	426,049
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	0	1,334,269	0	1,334,269
91.00 09100	EMERGENCY	0	0	10,665,237	0	10,665,237
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	15,266	26,187	1,723,052	0	1,723,052
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04952	HORIZON CANCER CENTER	0	0	3,141,911	0	3,141,911
93.02 04040	ARNETT CANCER CARE CENTER	0	0	2,815,762	0	2,815,762
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	441,241	857,706	216,801,012	0	216,801,012
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	516,676	0	516,676
191.00 19100	RESEARCH	0	0	40,742	0	40,742
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	124,861,601	0	124,861,601
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	0	0	3,626,954	0	3,626,954
193.02 19302	WHITE HOSPITAL	0	0	27,003,083	0	27,003,083
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	988,507	0	988,507

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150173

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			PATIENT TRANSPORT SERVICES				
		17.00	18.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	441,241	857,706	373,838,575	0	373,838,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP		
			0	1.00	1.01	1.02		2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00	
5.01	00540	ADMITTING	0	52,205	15,955	111,451	91,418	5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	0	160,665	2,365	343,002	281,347	5.06
7.00	00700	OPERATION OF PLANT	0	1,125,956	1,867	2,403,789	1,971,709	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	0	19,317	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	59,636	3,339	127,316	104,431	9.00
10.00	01000	DIETARY	0	95,154	0	203,144	166,629	10.00
11.00	01100	CAFETERIA	0	96,885	0	206,838	169,659	11.00
13.00	01300	NURSING ADMINISTRATION	0	146,581	4,441	312,934	256,684	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	277,120	2,064	591,619	485,276	14.00
15.00	01500	PHARMACY	0	65,538	11,931	139,915	114,766	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,139	0	6,701	5,496	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	0	19,557	0	41,751	34,246	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,625,386	0	3,470,019	2,846,287	30.00
31.00	03100	INTENSIVE CARE UNIT	0	167,305	0	357,176	292,974	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	142,275	0	303,742	249,144	35.00
43.00	04300	NURSERY	0	60,387	0	128,919	105,746	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	460,829	8,267	983,817	806,977	50.00
51.00	05100	RECOVERY ROOM	0	60,548	0	129,263	106,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	326,239	0	696,484	571,291	52.00
53.00	05300	ANESTHESIOLOGY	0	9,242	0	19,730	16,184	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	5,345	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	166,969	0	356,461	292,387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	26,491	0	56,556	46,390	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	177,700	0	379,369	311,178	59.00
60.00	06000	LABORATORY	0	125,656	1,102	268,262	220,042	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,202	0	19,644	16,113	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,291	21,161	32,645	26,777	65.00
66.00	06600	PHYSICAL THERAPY	0	21,971	0	46,906	38,474	66.00
69.00	06900	ELECTROCARDIOLOGY	0	27,310	0	58,303	47,823	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	23,473	18,181	50,113	41,105	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	410,347	0	0	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	21,161	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	71,703	0	0	90.01
91.00	09100	EMERGENCY	0	322,644	0	688,810	564,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	165,430	135,694	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	77,489	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	0	51,957	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	0	113,028	0	0	93.02
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,948,843	783,531	12,700,109	10,417,271	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,393	0	69,156	56,725	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,445	3,443,565	35,108	28,797	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	0	16,198	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/30/2014 12:02 pm			
Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST EXPENSE	MVBLE EQUIP	
		0	1.00	1.01	1.02	2.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,997,681	4,243,294	12,804,373	10,502,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	
	MVBLE EQUIP - NONHOSP					
	2.01					
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0		4.00
5.01 00540	ADMITTING	9,604	280,633	0	280,633	5.01
5.06 00564	OTHER ADMINISTRATIVE AND GENERAL	1,424	788,803	0	0	788,803 5.06
7.00 00700	OPERATION OF PLANT	1,124	5,504,445	0	0	33,055 7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL	11,628	30,945	0	0	12,704 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,026 8.00
9.00 00900	HOUSEKEEPING	2,010	296,732	0	0	7,386 9.00
10.00 01000	DIETARY	0	464,927	0	0	3,725 10.00
11.00 01100	CAFETERIA	0	473,382	0	0	2,812 11.00
13.00 01300	NURSING ADMINISTRATION	2,673	723,313	0	0	14,312 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,242	1,357,321	0	0	28,267 14.00
15.00 01500	PHARMACY	7,182	339,332	0	0	8,765 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,527 16.00
17.00 01700	SOCIAL SERVICE	0	15,336	0	0	880 17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	95,554	0	0	1,574 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	7,941,692	0	21,273	65,046 30.00
31.00 03100	INTENSIVE CARE UNIT	0	817,455	0	2,768	10,310 31.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	695,161	0	2,676	7,318 35.00
43.00 04300	NURSERY	0	295,052	0	681	2,490 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,977	2,264,867	0	23,909	21,288 50.00
51.00 05100	RECOVERY ROOM	0	295,839	0	2,333	2,552 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	1,594,014	0	4,166	13,378 52.00
53.00 05300	ANESTHESIOLOGY	0	45,156	0	5,819	5,150 53.00
53.01 05301	ASC ANESTHESIOLOGY	3,218	8,563	0	560	163 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	815,817	0	18,913	11,233 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	129,437	0	3,517	2,351 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	868,247	0	13,997	10,149 59.00
60.00 06000	LABORATORY	663	615,725	0	24,483	33,239 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	44,959	0	2,155	3,494 63.00
65.00 06500	RESPIRATORY THERAPY	12,738	108,612	0	3,294	4,924 65.00
66.00 06600	PHYSICAL THERAPY	0	107,351	0	1,707	2,924 66.00
69.00 06900	ELECTROCARDIOLOGY	0	133,436	0	6,078	3,910 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	215	333 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,550	11,520 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,028	22,899 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,270	69,249 73.00
74.00 07400	RENAL DIALYSIS	10,944	143,816	0	319	1,819 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	ASC (NON-DISTINCT PART)	247,011	657,358	0	20,820	12,157 75.01
76.00 03020	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	12,738	33,899	0	94	824 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	SLEEP CLINIC	43,162	114,865	0	1,923	2,545 90.01
91.00 09100	EMERGENCY	0	1,576,450	0	21,380	16,984 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	378,613	0	2,636	2,370 92.01
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
93.01 04952	HORIZON CANCER CENTER	31,276	83,233	0	1,891	6,349 93.01
93.02 04040	ARNETT CANCER CARE CENTER	68,038	181,066	0	1,862	5,456 93.02
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	471,652	30,321,406	0	250,317	470,457 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	158,274	0	0	801 190.00
191.00 19100	RESEARCH	0	0	0	0	84 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,072,879	5,596,794	0	30,316	250,813 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	RETAIL PHARMACY	9,751	25,949	0	0	7,602 193.01
193.02 19302	WHITE HOSPITAL	0	0	0	0	56,984 193.02
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	2,062 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description		CAPITAL RELATED COSTS MVBLE EQUIP - NONHOSP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADM ITTING	OTHER ADM INI STRATI VE AND GENERAL	
		2.01	2A	4.00	5.01	5.06	
202.00	TOTAL (sum lines 118-201)	2,554,282	36,102,423	0	280,633	788,803	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT - NONHOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	5,537,500				7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	43,649			7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,026		8.00
9.00	00900	HOUSEKEEPING	70,883	35	0	375,036	9.00
10.00	01000	DIETARY	113,100	0	0	7,759	589,511
11.00	01100	CAFETERIA	115,157	0	0	7,900	0
13.00	01300	NURSING ADMINISTRATION	174,226	46	0	11,953	0
14.00	01400	CENTRAL SERVICES & SUPPLY	329,383	21	0	22,597	0
15.00	01500	PHARMACY	77,898	124	0	5,344	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	3,731	0	0	256	0
18.00	01850	PATIENT TRANSPORT SERVICES	23,245	0	0	1,595	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,931,929	0	790	132,539	514,266
31.00	03100	INTENSIVE CARE UNIT	198,858	0	70	13,643	45,879
35.00	02040	NEONATAL INTENSIVE CARE UNIT	169,108	0	60	11,602	0
43.00	04300	NURSERY	71,776	0	61	4,924	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	547,739	86	0	37,578	0
51.00	05100	RECOVERY ROOM	71,967	0	0	4,937	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	387,767	0	14	26,603	8,970
53.00	05300	ANESTHESIOLOGY	10,985	0	0	754	0
53.01	05301	ASC ANESTHESIOLOGY	0	56	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,459	0	0	13,615	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,488	0	0	2,160	0
59.00	05900	CARDIAC CATHETERIZATION	211,214	0	0	14,490	0
60.00	06000	LABORATORY	149,355	11	0	10,246	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,937	0	0	750	0
65.00	06500	RESPIRATORY THERAPY	18,175	220	0	1,247	0
66.00	06600	PHYSICAL THERAPY	26,115	0	0	1,792	0
69.00	06900	ELECTROCARDIOLOGY	32,460	0	0	2,227	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	27,900	189	0	1,914	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	4,261	0	0	0
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	220	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	745	0	0	0
91.00	09100	EMERGENCY	383,494	0	0	26,310	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92,103	0	31	6,319	20,396
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04952	HORIZON CANCER CENTER	0	539	0	0	0
93.02	04040	ARNETT CANCER CARE CENTER	0	1,174	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,479,452	7,727	1,026	371,054	589,511
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,502	0	0	2,641	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,546	35,754	0	1,341	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	168	0	0	0
193.02	19302	WHITE HOSPITAL	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	5,537,500	43,649	1,026	375,036	589,511

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	599,251				11.00
13.00	01300	NURSING ADMINISTRATION	30,386	954,236			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,292	0	1,755,881		14.00
15.00	01500	PHARMACY	24,062	0	35,542	491,067	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,840	0	0	3,527	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	10,394	0	6	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	187,505	411,770	124,052	0	303
31.00	03100	INTENSIVE CARE UNIT	24,615	78,022	26,836	0	39
35.00	02040	NEONATAL INTENSIVE CARE UNIT	19,970	61,275	9,319	0	38
43.00	04300	NURSERY	6,645	24,326	0	0	10
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,911	68,343	117,202	0	340
51.00	05100	RECOVERY ROOM	5,113	18,718	982	0	33
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,744	102,219	12,309	0	59
53.00	05300	ANESTHESIOLOGY	18,285	31,547	15,785	0	83
53.01	05301	ASC ANESTHESIOLOGY	0	0	3,742	0	8
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,237	538	16,926	109	269
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,679	0	1,591	0	50
59.00	05900	CARDIAC CATHETERIZATION	20,705	41,994	71,932	2	199
60.00	06000	LABORATORY	38,724	0	20,494	0	349
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	2,724	0	31
65.00	06500	RESPIRATORY THERAPY	17,907	2,535	16,362	0	47
66.00	06600	PHYSICAL THERAPY	7,820	0	273	0	24
69.00	06900	ELECTROCARDIOLOGY	12,234	9,167	1,562	0	87
70.00	07000	ELECTROENCEPHALOGRAPHY	825	0	49	0	3
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	365,614	0	65
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	701,903	0	228
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	490,751	105
74.00	07400	RENAL DIALYSIS	5,897	6,683	565	0	5
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	0	0	55,764	0	296
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	565	0	1
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	0	0	1,697	0	27
91.00	09100	EMERGENCY	40,920	83,937	44,183	0	304
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,554	13,162	1,672	0	38
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04952	HORIZON CANCER CENTER	0	0	5,710	0	27
93.02	04040	ARNETT CANCER CARE CENTER	0	0	6,907	0	27
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	594,264	954,236	1,662,268	490,862	3,095
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	790	0	0	0	0
191.00	19100	RESEARCH	350	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	93,434	205	432
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	0	0	175	0	0
193.02	19302	WHITE HOSPITAL	0	0	0	0	0
194.00	07950	MARKETING/PUBLIC RELATIONS	3,847	0	4	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	599,251	954,236	1,755,881	491,067	3,527

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PATIENT TRANSPORT SERVICES				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02 00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.06 00564	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	OPERATION OF PLANT - NONHOSPITAL					7.01
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	24,043				17.00
18.00 01850	PATIENT TRANSPORT SERVICES	0	132,368			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,974	101,901	11,454,040	0	11,454,040
31.00 03100	INTENSIVE CARE UNIT	1,871	9,091	1,229,457	0	1,229,457
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	7,701	984,228	0	984,228
43.00 04300	NURSERY	0	7,857	413,822	0	413,822
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	3,116,263	0	3,116,263
51.00 05100	RECOVERY ROOM	0	0	402,474	0	402,474
52.00 05200	DELIVERY ROOM & LABOR ROOM	366	1,777	2,187,386	0	2,187,386
53.00 05300	ANESTHESIOLOGY	0	0	133,564	0	133,564
53.01 05301	ASC ANESTHESIOLOGY	0	0	13,092	0	13,092
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	1,098,116	0	1,098,116
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	173,273	0	173,273
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,252,929	0	1,252,929
60.00 06000	LABORATORY	0	0	892,626	0	892,626
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	65,050	0	65,050
65.00 06500	RESPIRATORY THERAPY	0	0	173,323	0	173,323
66.00 06600	PHYSICAL THERAPY	0	0	148,006	0	148,006
69.00 06900	ELECTROCARDIOLOGY	0	0	201,161	0	201,161
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,425	0	1,425
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	381,749	0	381,749
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	741,058	0	741,058
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	600,375	0	600,375
74.00 07400	RENAL DIALYSIS	0	0	189,107	0	189,107
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	ASC (NON-DISTINCT PART)	0	0	750,656	0	750,656
76.00 03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	35,603	0	35,603
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	SLEEP CLINIC	0	0	121,802	0	121,802
91.00 09100	EMERGENCY	0	0	2,193,962	0	2,193,962
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	832	4,041	526,767	0	526,767
93.00 04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01 04952	HORIZON CANCER CENTER	0	0	97,749	0	97,749
93.02 04040	ARNETT CANCER CARE CENTER	0	0	196,492	0	196,492
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,043	132,368	29,775,555	0	29,775,555
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	201,008	0	201,008
191.00 19100	RESEARCH	0	0	434	0	434
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,028,635	0	6,028,635
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	RETAIL PHARMACY	0	0	33,894	0	33,894
193.02 19302	WHITE HOSPITAL	0	0	56,984	0	56,984
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	5,913	0	5,913

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150173

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			PATIENT TRANSPORT SERVICES				
		17.00	18.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	24,043	132,368	36,102,423	0	36,102,423	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	447,143				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	0	365,959			1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	0	0	447,143		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				447,143	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP				0	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	00540	ADMITTING	3,892	1,376	3,892	3,892	5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	11,978	204	11,978	11,978	5.06
7.00	00700	OPERATION OF PLANT	83,943	161	83,943	83,943	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	0	1,666	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,446	288	4,446	4,446	9.00
10.00	01000	DIETARY	7,094	0	7,094	7,094	10.00
11.00	01100	CAFETERIA	7,223	0	7,223	7,223	11.00
13.00	01300	NURSING ADMINISTRATION	10,928	383	10,928	10,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,660	178	20,660	20,660	14.00
15.00	01500	PHARMACY	4,886	1,029	4,886	4,886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	234	0	234	234	17.00
18.00	01850	PATIENT TRANSPORT SERVICES	1,458	0	1,458	1,458	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	121,177	0	121,177	121,177	30.00
31.00	03100	INTENSIVE CARE UNIT	12,473	0	12,473	12,473	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	10,607	0	10,607	10,607	35.00
43.00	04300	NURSERY	4,502	0	4,502	4,502	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,356	713	34,356	34,356	50.00
51.00	05100	RECOVERY ROOM	4,514	0	4,514	4,514	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,322	0	24,322	24,322	52.00
53.00	05300	ANESTHESIOLOGY	689	0	689	689	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	461	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,448	0	12,448	12,448	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,975	0	1,975	1,975	56.00
59.00	05900	CARDIAC CATHETERIZATION	13,248	0	13,248	13,248	59.00
60.00	06000	LABORATORY	9,368	95	9,368	9,368	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	686	0	686	686	63.00
65.00	06500	RESPIRATORY THERAPY	1,140	1,825	1,140	1,140	65.00
66.00	06600	PHYSICAL THERAPY	1,638	0	1,638	1,638	66.00
69.00	06900	ELECTROCARDIOLOGY	2,036	0	2,036	2,036	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,750	1,568	1,750	1,750	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	35,390	0	0	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,825	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	6,184	0	0	90.01
91.00	09100	EMERGENCY	24,054	0	24,054	24,054	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,777	0	5,777	5,777	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	4,481	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	9,748	0	0	93.02
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	443,502	67,575	443,502	443,502	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,415	0	2,415	2,415	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,226	296,987	1,226	1,226	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	0	1,397	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS INTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1.01	1.02	2.00	2.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,997,681	4,243,294	12,804,373	10,502,793	2,554,282	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.413340	11.594998	28.635969	23.488667	6.979694	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	150,300,925				4.00
5.01	00540	ADMITTING	4,982,404	997,901,592			5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	4,274,536	0	-29,489,541	344,349,034	5.06
7.00	00700	OPERATION OF PLANT	1,073,668	0	0	14,428,001	347,330
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	1,067,950	0	0	5,545,231	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	447,729	0
9.00	00900	HOUSEKEEPING	1,236,860	0	0	3,224,036	4,446
10.00	01000	DIETARY	354,690	0	0	1,625,935	7,094
11.00	01100	CAFETERIA	466,351	0	0	1,227,227	7,223
13.00	01300	NURSING ADMINISTRATION	3,455,089	0	0	6,246,885	10,928
14.00	01400	CENTRAL SERVICES & SUPPLY	932,921	0	0	12,338,084	20,660
15.00	01500	PHARMACY	2,613,269	0	0	3,825,862	4,886
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,539,521	0
17.00	01700	SOCIAL SERVICE	283,110	0	0	384,136	234
18.00	01850	PATIENT TRANSPORT SERVICES	357,010	0	0	687,182	1,458
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,044,217	75,704,761	0	28,391,879	121,177
31.00	03100	INTENSIVE CARE UNIT	2,314,300	9,848,952	0	4,500,081	12,473
35.00	02040	NEONATAL INTENSIVE CARE UNIT	2,696,302	9,521,768	0	3,194,228	10,607
43.00	04300	NURSERY	567,439	2,424,970	0	1,086,806	4,502
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,119,427	85,084,831	0	9,292,023	34,356
51.00	05100	RECOVERY ROOM	537,680	8,303,985	0	1,114,114	4,514
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,150,516	14,826,896	0	5,839,203	24,322
53.00	05300	ANESTHESIOLOGY	7,076,484	20,709,099	0	2,247,806	689
53.01	05301	ASC ANESTHESIOLOGY	2,050	1,994,031	0	71,085	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,963,781	67,307,470	0	4,902,997	12,448
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	240,102	12,514,852	0	1,026,014	1,975
59.00	05900	CARDIAC CATHETERIZATION	2,022,092	49,811,811	0	4,430,052	13,248
60.00	06000	LABORATORY	2,821,771	87,128,676	0	14,508,611	9,368
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,669,496	0	1,525,306	686
65.00	06500	RESPIRATORY THERAPY	1,401,318	11,723,498	0	2,149,202	1,140
66.00	06600	PHYSICAL THERAPY	797,619	6,075,301	0	1,276,333	1,638
69.00	06900	ELECTROCARDIOLOGY	883,736	21,629,458	0	1,706,775	2,036
70.00	07000	ELECTROENCEPHALOGRAPHY	75,482	766,221	0	145,558	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,193,919	0	5,028,214	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	57,037,782	0	9,995,239	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	142,506,031	0	30,226,392	0
74.00	07400	RENAL DIALYSIS	257,991	1,135,847	0	793,823	1,750
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	ASC (NON-DISTINCT PART)	2,243,798	74,091,696	0	5,306,325	0
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	244,989	334,936	0	359,682	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	SLEEP CLINIC	2,163,895	6,843,489	0	1,110,875	0
91.00	09100	EMERGENCY	3,447,919	76,086,403	0	7,413,535	24,054
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	404,815	9,381,674	0	1,034,347	5,777
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04952	HORIZON CANCER CENTER	982,988	6,730,933	0	2,771,398	0
93.02	04040	ARNETT CANCER CARE CENTER	1,642,794	6,625,505	0	2,381,409	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,201,363	890,014,291	-29,489,541	205,349,141	343,689
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,163	0	0	349,451	2,415
191.00	19100	RESEARCH	28,237	0	0	36,595	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,051,696	107,887,301	0	109,522,493	1,226
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	RETAIL PHARMACY	539,840	0	0	3,318,135	0
193.02	19302	WHITE HOSPITAL	104,108	0	0	24,872,985	0
194.00	07950	MARKETING/PUBLIC RELATIONS	324,518	0	0	900,234	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (PATIENT CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5.01	5A.06	5.06	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	33,482,925	13,157,756		29,489,541	15,663,601	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.222773	0.013185		0.085639	45.097173	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	280,633		788,803	5,537,500	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000281		0.002291	15.943051	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)		
		7.01	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP					1.01	
1.02	00102	CAP REL COSTS INTEREST EXPENSE					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	ADMITTING					5.01	
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	362,552				7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	41,629			8.00	
9.00	00900	HOUSEKEEPING	288	0	342,884		9.00	
10.00	01000	DIETARY	0	0	7,094	36,736	10.00	
11.00	01100	CAFETERIA	0	0	7,223	0	11.00	
13.00	01300	NURSING ADMINISTRATION	383	0	10,928	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	178	0	20,660	0	14.00	
15.00	01500	PHARMACY	1,029	0	4,886	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	234	0	17.00	
18.00	01850	PATIENT TRANSPORT SERVICES	0	0	1,458	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	32,047	121,177	32,047	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	2,859	12,473	2,859	31.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	2,422	10,607	0	35.00	
43.00	04300	NURSERY	0	2,471	4,502	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	713	0	34,356	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	4,514	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	559	24,322	559	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	689	0	53.00	
53.01	05301	ASC ANESTHESIOLOGY	461	0	0	0	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,448	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	1,975	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	13,248	0	59.00	
60.00	06000	LABORATORY	95	0	9,368	0	60.00	
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	686	0	63.00	
65.00	06500	RESPIRATORY THERAPY	1,825	0	1,140	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	1,638	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	2,036	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	1,568	0	1,750	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	ASC (NON-DISTINCT PART)	35,390	0	0	0	75.01	
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	1,825	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	04950	SLEEP CLINIC	6,184	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	24,054	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,271	5,777	1,271	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00	
93.01	04952	HORIZON CANCER CENTER	4,481	0	0	0	93.01	
93.02	04040	ARNETT CANCER CARE CENTER	9,748	0	0	0	93.02	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,168	41,629	339,243	36,736	84,957	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,415	0	113	190.00
191.00	19100	RESEARCH	0	0	0	0	50	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	296,987	0	1,226	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	RETAIL PHARMACY	1,397	0	0	0	0	193.01
193.02	19302	WHITE HOSPITAL	0	0	0	0	0	193.02
194.00	07950	MARKETING/PUBLIC RELATIONS	0	0	0	0	550	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		OPERATION OF PLANT - NONHOSPITAL (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.01	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	6,020,119	486,072	3,705,423	2,161,759	1,736,118	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.604843	11.676283	10.806637	58.845792	20.265180	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,649	1,026	375,036	589,511	599,251	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.120394	0.024646	1.093769	16.047229	6.994876	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.01	00540						5.01
5.06	00564						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	37,266					13.00
14.00	01400	0	23,122,802				14.00
15.00	01500	0	468,046	28,365,308			15.00
16.00	01600	0	0	0	997,901,592		16.00
17.00	01700	0	0	0	0	36,736	17.00
18.00	01850	0	82	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,081	1,633,615	0	75,704,761	32,047	30.00
31.00	03100	3,047	353,400	0	9,848,952	2,859	31.00
35.00	02040	2,393	122,717	0	9,521,768	0	35.00
43.00	04300	950	0	0	2,424,970	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,669	1,543,414	0	85,084,831	0	50.00
51.00	05100	731	12,938	0	8,303,985	0	51.00
52.00	05200	3,992	162,094	0	14,826,896	559	52.00
53.00	05300	1,232	207,864	0	20,709,099	0	53.00
53.01	05301	0	49,275	0	1,994,031	0	53.01
54.00	05400	21	222,892	6,315	67,307,470	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	20,945	0	12,514,852	0	56.00
59.00	05900	1,640	947,263	135	49,811,811	0	59.00
60.00	06000	0	269,878	0	87,128,676	0	60.00
63.00	06300	0	35,873	0	7,669,496	0	63.00
65.00	06500	99	215,468	0	11,723,498	0	65.00
66.00	06600	0	3,590	0	6,075,301	0	66.00
69.00	06900	358	20,574	0	21,629,458	0	69.00
70.00	07000	0	642	0	766,221	0	70.00
71.00	07100	0	4,814,697	0	16,193,919	0	71.00
72.00	07200	0	9,243,197	0	57,037,782	0	72.00
73.00	07300	0	0	28,347,023	142,506,031	0	73.00
74.00	07400	261	7,436	0	1,135,847	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	734,352	0	74,091,696	0	75.01
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	7,439	0	334,936	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	22,343	0	6,843,489	0	90.01
91.00	09100	3,278	581,836	0	76,086,403	0	91.00
92.00	09200						92.00
92.01	09201	514	22,015	0	9,381,674	1,271	92.01
93.00	04951	0	0	0	0	0	93.00
93.01	04952	0	75,188	0	6,730,933	0	93.01
93.02	04040	0	90,952	0	6,625,505	0	93.02
SPECIAL PURPOSE COST CENTERS							
118.00		37,266	21,890,025	28,353,473	890,014,291	36,736	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	1,230,415	11,835	107,887,301	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	2,311	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
194.00	07950	0	51	0	0	0	194.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		(FTES)					
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	7,487,171	14,605,627	4,809,093	1,671,364	441,241	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	200.911582	0.631655	0.169541	0.001675	12.011133	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	954,236	1,755,881	491,067	3,527	24,043	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	25.606075	0.075937	0.017312	0.000004	0.654481	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		OTHER GENERAL SERVICE PATIENT TRANSPORT SERVICES (PATIENT DAYS)	18.00
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01
1.02	00102	CAP REL COSTS INTEREST EXPENSE	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	ADMITTING	5.01
5.06	00564	OTHER ADMINISTRATIVE AND GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
7.01	00701	OPERATION OF PLANT - NONHOSPITAL	7.01
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
18.00	01850	PATIENT TRANSPORT SERVICES	41,629
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	32,047
31.00	03100	INTENSIVE CARE UNIT	2,859
35.00	02040	NEONATAL INTENSIVE CARE UNIT	2,422
43.00	04300	NURSERY	2,471
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0
51.00	05100	RECOVERY ROOM	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	559
53.00	05300	ANESTHESIOLOGY	0
53.01	05301	ASC ANESTHESIOLOGY	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0
56.00	05600	RADIOISOTOPE	0
59.00	05900	CARDIAC CATHETERIZATION	0
60.00	06000	LABORATORY	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0
65.00	06500	RESPIRATORY THERAPY	0
66.00	06600	PHYSICAL THERAPY	0
69.00	06900	ELECTROCARDIOLOGY	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
75.00	07500	ASC (NON-DISTINCT PART)	0
75.01	07501	ASC (NON-DISTINCT PART)	0
76.00	03020	CARDIAC CATHETERIZATION	0
76.97	07697	CARDIAC REHABILITATION	0
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0
90.01	04950	SLEEP CLINIC	0
91.00	09100	EMERGENCY	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,271
93.00	04951	OTHER OUTPATIENT SERVICES	0
93.01	04952	HORIZON CANCER CENTER	0
93.02	04040	ARNETT CANCER CARE CENTER	0
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,629
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
193.01	19301	RETAIL PHARMACY	0
193.02	19302	WHITE HOSPITAL	0
194.00	07950	MARKETING/PUBLIC RELATIONS	0
200.00		Cross Foot Adjustments	200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150173

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

Worksheet B-1

Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		OTHER GENERAL SERVICE		
		PATIENT TRANSPORT SERVICES (PATIENT DAYS)		
		18.00		
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	857,706		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.603570		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	132,368		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.179706		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		45,835,587	14,057	45,849,644	30.00
31.00	03100 INTENSIVE CARE UNIT		6,800,834	0	6,800,834	31.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		4,771,034	17,131	4,788,165	35.00
43.00	04300 NURSERY		1,725,500	0	1,725,500	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,775,052	0	13,775,052	50.00
51.00	05100 RECOVERY ROOM		1,645,637	0	1,645,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,789,428	0	8,789,428	52.00
53.00	05300 ANESTHESIOLOGY		2,945,306	43,334	2,988,640	53.00
53.01	05301 ASC ANESTHESIOLOGY		119,293	0	119,293	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,342,020	0	6,342,020	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIO SOTOPE		1,266,245	0	1,266,245	56.00
59.00	05900 CARDIAC CATHETERIZATION		6,621,331	0	6,621,331	59.00
60.00	06000 LABORATORY		16,704,997	0	16,704,997	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,729,787	0	1,729,787	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,654,800	0	2,654,800	65.00
66.00	06600 PHYSICAL THERAPY	0	1,512,307	0	1,512,307	66.00
69.00	06900 ELECTROCARDIOLOGY		2,123,357	0	2,123,357	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		162,103	0	162,103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,527,177	0	8,527,177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,785,264	0	16,785,264	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,859,519	0	37,859,519	73.00
74.00	07400 RENAL DIALYSIS		1,061,795	0	1,061,795	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		6,936,359	0	6,936,359	75.01
76.00	03020 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		426,049	0	426,049	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		1,334,269	0	1,334,269	90.01
91.00	09100 EMERGENCY		10,665,237	64,188	10,729,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,058,905	0	6,058,905	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,723,052	0	1,723,052	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER		3,141,911	6,620	3,148,531	93.01
93.02	04040 ARNETT CANCER CARE CENTER		2,815,762	0	2,815,762	93.02
200.00	Subtotal (see instructions)	0	222,859,917	145,330	223,005,247	200.00
201.00	Less Observation Beds		6,058,905	0	6,058,905	201.00
202.00	Total (see instructions)	0	216,801,012	145,330	216,946,342	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,640,950		63,640,950			30.00
31.00	03100	INTENSIVE CARE UNIT	9,848,952		9,848,952			31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	7,532,938		7,532,938			35.00
43.00	04300	NURSERY	2,424,970		2,424,970			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,835,765	48,249,066	85,084,831	0.161898	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,822,264	5,481,721	8,303,985	0.198174	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,373,258	694,663	19,067,921	0.460954	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,158,935	2,241,205	4,400,140	0.669366	0.000000	53.00
53.01	05301	ASC ANESTHESIOLOGY	3,792	1,973,609	1,977,401	0.060328	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,639,987	43,518,096	67,158,083	0.094434	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,273,205	11,241,647	12,514,852	0.101179	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	21,540,437	28,271,374	49,811,811	0.132927	0.000000	59.00
60.00	06000	LABORATORY	35,228,665	49,293,665	84,522,330	0.197640	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,018,784	1,650,712	7,669,496	0.225541	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	9,904,515	1,818,983	11,723,498	0.226451	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,493,487	581,814	6,075,301	0.248927	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	12,839,812	8,789,646	21,629,458	0.098170	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	579,183	187,038	766,221	0.211562	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,973,473	8,220,446	16,193,919	0.526567	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,460,236	23,577,546	57,037,782	0.294283	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,957,496	96,548,534	142,506,030	0.265670	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,101,510	0	1,101,510	0.963945	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	107,009	73,984,687	74,091,696	0.093619	0.000000	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	50,946	26,384	77,330	5.509492	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	6,843,489	6,843,489	0.194969	0.000000	90.01
91.00	09100	EMERGENCY	18,750,679	57,335,724	76,086,403	0.140173	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,217,643	5,855,978	8,073,621	0.750457	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	86,126	1,221,927	1,308,053	1.317265	0.000000	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	04952	HORIZON CANCER CENTER	9,717	5,355,821	5,365,538	0.585572	0.000000	93.01
93.02	04040	ARNETT CANCER CARE CENTER	19,609	5,659,526	5,679,135	0.495808	0.000000	93.02
200.00		Subtotal (see instructions)	369,894,343	488,623,301	858,517,644			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	369,894,343	488,623,301	858,517,644			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.161898		50.00
51.00	05100 RECOVERY ROOM	0.198174		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.460954		52.00
53.00	05300 ANESTHESIOLOGY	0.679215		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.060328		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.094434		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.101179		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.132927		59.00
60.00	06000 LABORATORY	0.197640		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.225541		63.00
65.00	06500 RESPIRATORY THERAPY	0.226451		65.00
66.00	06600 PHYSICAL THERAPY	0.248927		66.00
69.00	06900 ELECTROCARDIOLOGY	0.098170		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.211562		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.294283		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.265670		73.00
74.00	07400 RENAL DIALYSIS	0.963945		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.093619		75.01
76.00	03020 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	5.509492		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.194969		90.01
91.00	09100 EMERGENCY	0.141016		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.750457		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.317265		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04952 HORIZON CANCER CENTER	0.586806		93.01
93.02	04040 ARNETT CANCER CARE CENTER	0.495808		93.02
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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm		
		Title XIX	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		45,835,587	14,057	45,849,644	30.00
31.00	03100 INTENSIVE CARE UNIT		6,800,834	0	6,800,834	31.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		4,771,034	17,131	4,788,165	35.00
43.00	04300 NURSERY		1,725,500	0	1,725,500	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,775,052	0	13,775,052	50.00
51.00	05100 RECOVERY ROOM		1,645,637	0	1,645,637	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,789,428	0	8,789,428	52.00
53.00	05300 ANESTHESIOLOGY		2,945,306	43,334	2,988,640	53.00
53.01	05301 ASC ANESTHESIOLOGY		119,293	0	119,293	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,342,020	0	6,342,020	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIO SOTOPE		1,266,245	0	1,266,245	56.00
59.00	05900 CARDIAC CATHETERIZATION		6,621,331	0	6,621,331	59.00
60.00	06000 LABORATORY		16,704,997	0	16,704,997	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,729,787	0	1,729,787	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,654,800	0	2,654,800	65.00
66.00	06600 PHYSICAL THERAPY	0	1,512,307	0	1,512,307	66.00
69.00	06900 ELECTROCARDIOLOGY		2,123,357	0	2,123,357	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		162,103	0	162,103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,527,177	0	8,527,177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,785,264	0	16,785,264	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,859,519	0	37,859,519	73.00
74.00	07400 RENAL DIALYSIS		1,061,795	0	1,061,795	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)		6,936,359	0	6,936,359	75.01
76.00	03020 CARDIAC CATHETERIZATION		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		426,049	0	426,049	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 SLEEP CLINIC		1,334,269	0	1,334,269	90.01
91.00	09100 EMERGENCY		10,665,237	64,188	10,729,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,058,905	0	6,058,905	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,723,052	0	1,723,052	92.01
93.00	04951 OTHER OUTPATIENT SERVICES		0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER		3,141,911	6,620	3,148,531	93.01
93.02	04040 ARNETT CANCER CARE CENTER		2,815,762	0	2,815,762	93.02
200.00	Subtotal (see instructions)	0	222,859,917	145,330	223,005,247	200.00
201.00	Less Observation Beds		6,058,905	0	6,058,905	201.00
202.00	Total (see instructions)	0	216,801,012	145,330	216,946,342	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm	
		Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,640,950		63,640,950		30.00
31.00	03100	INTENSIVE CARE UNIT	9,848,952		9,848,952		31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	7,532,938		7,532,938		35.00
43.00	04300	NURSERY	2,424,970		2,424,970		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,835,765	48,249,066	85,084,831	0.161898	50.00
51.00	05100	RECOVERY ROOM	2,822,264	5,481,721	8,303,985	0.198174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,373,258	694,663	19,067,921	0.460954	52.00
53.00	05300	ANESTHESIOLOGY	2,158,935	2,241,205	4,400,140	0.669366	53.00
53.01	05301	ASC ANESTHESIOLOGY	3,792	1,973,609	1,977,401	0.060328	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,639,987	43,518,096	67,158,083	0.094434	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,273,205	11,241,647	12,514,852	0.101179	56.00
59.00	05900	CARDIAC CATHETERIZATION	21,540,437	28,271,374	49,811,811	0.132927	59.00
60.00	06000	LABORATORY	35,228,665	49,293,665	84,522,330	0.197640	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,018,784	1,650,712	7,669,496	0.225541	63.00
65.00	06500	RESPIRATORY THERAPY	9,904,515	1,818,983	11,723,498	0.226451	65.00
66.00	06600	PHYSICAL THERAPY	5,493,487	581,814	6,075,301	0.248927	66.00
69.00	06900	ELECTROCARDIOLOGY	12,839,812	8,789,646	21,629,458	0.098170	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	579,183	187,038	766,221	0.211562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,973,473	8,220,446	16,193,919	0.526567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,460,236	23,577,546	57,037,782	0.294283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,957,496	96,548,534	142,506,030	0.265670	73.00
74.00	07400	RENAL DIALYSIS	1,101,510	0	1,101,510	0.963945	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	ASC (NON-DISTINCT PART)	107,009	73,984,687	74,091,696	0.093619	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	50,946	26,384	77,330	5.509492	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	04950	SLEEP CLINIC	0	6,843,489	6,843,489	0.194969	90.01
91.00	09100	EMERGENCY	18,750,679	57,335,724	76,086,403	0.140173	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,217,643	5,855,978	8,073,621	0.750457	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	86,126	1,221,927	1,308,053	1.317265	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04952	HORIZON CANCER CENTER	9,717	5,355,821	5,365,538	0.585572	93.01
93.02	04040	ARNETT CANCER CARE CENTER	19,609	5,659,526	5,679,135	0.495808	93.02
200.00		Subtotal (see instructions)	369,894,343	488,623,301	858,517,644		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	369,894,343	488,623,301	858,517,644		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 12:02 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.161898		50.00
51.00	05100 RECOVERY ROOM	0.198174		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.460954		52.00
53.00	05300 ANESTHESIOLOGY	0.679215		53.00
53.01	05301 ASC ANESTHESIOLOGY	0.060328		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.094434		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.101179		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.132927		59.00
60.00	06000 LABORATORY	0.197640		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.225541		63.00
65.00	06500 RESPIRATORY THERAPY	0.226451		65.00
66.00	06600 PHYSICAL THERAPY	0.248927		66.00
69.00	06900 ELECTROCARDIOLOGY	0.098170		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.211562		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.294283		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.265670		73.00
74.00	07400 RENAL DIALYSIS	0.963945		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0.093619		75.01
76.00	03020 CARDIAC CATHETERIZATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	5.509492		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 SLEEP CLINIC	0.194969		90.01
91.00	09100 EMERGENCY	0.141016		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.750457		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.317265		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04952 HORIZON CANCER CENTER	0.586806		93.01
93.02	04040 ARNETT CANCER CARE CENTER	0.495808		93.02
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150173

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

Worksheet C Part II Date/Time Prepared: 5/30/2014 12:02 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,775,052	3,116,263	10,658,789	0	0	50.00
51.00	05100	RECOVERY ROOM	1,645,637	402,474	1,243,163	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,789,428	2,187,386	6,602,042	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,945,306	133,564	2,811,742	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	119,293	13,092	106,201	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342,020	1,098,116	5,243,904	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,266,245	173,273	1,092,972	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,621,331	1,252,929	5,368,402	0	0	59.00
60.00	06000	LABORATORY	16,704,997	892,626	15,812,371	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,729,787	65,050	1,664,737	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,654,800	173,323	2,481,477	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,512,307	148,006	1,364,301	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,123,357	201,161	1,922,196	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	162,103	1,425	160,678	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,527,177	381,749	8,145,428	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,785,264	741,058	16,044,206	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,859,519	600,375	37,259,144	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,061,795	189,107	872,688	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	6,936,359	750,656	6,185,703	0	0	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	426,049	35,603	390,446	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	1,334,269	121,802	1,212,467	0	0	90.01
91.00	09100	EMERGENCY	10,665,237	2,193,962	8,471,275	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,058,905	1,513,617	4,545,288	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,723,052	526,767	1,196,285	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	3,141,911	97,749	3,044,162	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	2,815,762	196,492	2,619,270	0	0	93.02
200.00		Subtotal (sum of lines 50 thru 199)	163,726,962	17,207,625	146,519,337	0	0	200.00
201.00		Less Observation Beds	6,058,905	1,513,617	4,545,288	0	0	201.00
202.00		Total (line 200 minus line 201)	157,668,057	15,694,008	141,974,049	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/30/2014 12:02 pm
		Title XIX		Hospital
				PPS

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	13,775,052	85,084,831	0.161898	50.00
51.00	05100 RECOVERY ROOM	1,645,637	8,303,985	0.198174	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,789,428	19,067,921	0.460954	52.00
53.00	05300 ANESTHESIOLOGY	2,945,306	4,400,140	0.669366	53.00
53.01	05301 ASC ANESTHESIOLOGY	119,293	1,977,401	0.060328	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,342,020	67,158,083	0.094434	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	1,266,245	12,514,852	0.101179	56.00
59.00	05900 CARDIAC CATHETERIZATION	6,621,331	49,811,811	0.132927	59.00
60.00	06000 LABORATORY	16,704,997	84,522,330	0.197640	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,729,787	7,669,496	0.225541	63.00
65.00	06500 RESPIRATORY THERAPY	2,654,800	11,723,498	0.226451	65.00
66.00	06600 PHYSICAL THERAPY	1,512,307	6,075,301	0.248927	66.00
69.00	06900 ELECTROCARDIOLOGY	2,123,357	21,629,458	0.098170	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	162,103	766,221	0.211562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,527,177	16,193,919	0.526567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,785,264	57,037,782	0.294283	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,859,519	142,506,030	0.265670	73.00
74.00	07400 RENAL DIALYSIS	1,061,795	1,101,510	0.963945	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 ASC (NON-DISTINCT PART)	6,936,359	74,091,696	0.093619	75.01
76.00	03020 CARDIAC CATHETERIZATION	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	426,049	77,330	5.509492	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	04950 SLEEP CLINIC	1,334,269	6,843,489	0.194969	90.01
91.00	09100 EMERGENCY	10,665,237	76,086,403	0.140173	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,058,905	8,073,621	0.750457	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,723,052	1,308,053	1.317265	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0.000000	93.00
93.01	04952 HORIZON CANCER CENTER	3,141,911	5,365,538	0.585572	93.01
93.02	04040 ARNETT CANCER CARE CENTER	2,815,762	5,679,135	0.495808	93.02
200.00	Subtotal (sum of lines 50 thru 199)	163,726,962	775,069,834		200.00
201.00	Less Observation Beds	6,058,905	0		201.00
202.00	Total (line 200 minus line 201)	157,668,057	775,069,834		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,454,040	0	11,454,040	38,548	297.14 30.00
31.00	INTENSIVE CARE UNIT	1,229,457		1,229,457	2,868	428.68 31.00
35.00	NEONATAL INTENSIVE CARE UNIT	984,228		984,228	2,422	406.37 35.00
43.00	NURSERY	413,822		413,822	2,471	167.47 43.00
200.00	Total (Lines 30-199)	14,081,547		14,081,547	46,309	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	16,827	4,999,975 30.00
31.00	INTENSIVE CARE UNIT	1,611	690,603 31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0 35.00
43.00	NURSERY	0	0 43.00
200.00	Total (Lines 30-199)	18,438	5,690,578 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,116,263	85,084,831	0.036625	17,300,616	633,635	50.00
51.00	05100	RECOVERY ROOM	402,474	8,303,985	0.048468	1,245,781	60,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,187,386	19,067,921	0.114715	47,692	5,471	52.00
53.00	05300	ANESTHESIOLOGY	133,564	4,400,140	0.030354	1,013,868	30,775	53.00
53.01	05301	ASC ANESTHESIOLOGY	13,092	1,977,401	0.006621	1,760	12	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,116	67,158,083	0.016351	12,644,590	206,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	173,273	12,514,852	0.013845	751,043	10,398	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,252,929	49,811,811	0.025153	10,994,632	276,548	59.00
60.00	06000	LABORATORY	892,626	84,522,330	0.010561	18,647,254	196,934	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,050	7,669,496	0.008482	3,169,713	26,886	63.00
65.00	06500	RESPIRATORY THERAPY	173,323	11,723,498	0.014784	5,752,305	85,042	65.00
66.00	06600	PHYSICAL THERAPY	148,006	6,075,301	0.024362	3,524,887	85,873	66.00
69.00	06900	ELECTROCARDIOLOGY	201,161	21,629,458	0.009300	7,792,543	72,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,425	766,221	0.001860	308,005	573	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	381,749	16,193,919	0.023574	4,195,658	98,908	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	741,058	57,037,782	0.012992	14,444,937	187,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	600,375	142,506,030	0.004213	23,750,259	100,060	73.00
74.00	07400	RENAL DIALYSIS	189,107	1,101,510	0.0171680	866,308	148,728	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	750,656	74,091,696	0.010131	71,509	724	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,603	77,330	0.460403	20,758	9,557	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	121,802	6,843,489	0.017798	0	0	90.01
91.00	09100	EMERGENCY	2,193,962	76,086,403	0.028835	10,340,494	298,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,513,617	8,073,621	0.187477	1,196,614	224,338	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	526,767	1,308,053	0.402711	59,878	24,114	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	97,749	5,365,538	0.018218	5,406	98	93.01
93.02	04040	ARNETT CANCER CARE CENTER	196,492	5,679,135	0.034599	6,731	233	93.02
200.00		Total (lines 50-199)	17,207,625	775,069,834		138,153,241	2,784,348	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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	38,548	0.00	16,827	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,868	0.00	1,611	0		31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	2,422	0.00	0	0		35.00
43.00	04300	NURSERY	2,471	0.00	0	0		43.00
200.00		Total (lines 30-199)	46,309		18,438	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:02 pm
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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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	0	0	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	0	0	0	0	93.02
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:02 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	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	85,084,831	0.000000	0.000000	17,300,616	50.00
51.00	05100	RECOVERY ROOM	0	8,303,985	0.000000	0.000000	1,245,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,067,921	0.000000	0.000000	47,692	52.00
53.00	05300	ANESTHESIOLOGY	0	4,400,140	0.000000	0.000000	1,013,868	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	1,977,401	0.000000	0.000000	1,760	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,158,083	0.000000	0.000000	12,644,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,514,852	0.000000	0.000000	751,043	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	49,811,811	0.000000	0.000000	10,994,632	59.00
60.00	06000	LABORATORY	0	84,522,330	0.000000	0.000000	18,647,254	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,669,496	0.000000	0.000000	3,169,713	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,723,498	0.000000	0.000000	5,752,305	65.00
66.00	06600	PHYSICAL THERAPY	0	6,075,301	0.000000	0.000000	3,524,887	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,629,458	0.000000	0.000000	7,792,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	766,221	0.000000	0.000000	308,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,193,919	0.000000	0.000000	4,195,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	57,037,782	0.000000	0.000000	14,444,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	142,506,030	0.000000	0.000000	23,750,259	73.00
74.00	07400	RENAL DIALYSIS	0	1,101,510	0.000000	0.000000	866,308	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	74,091,696	0.000000	0.000000	71,509	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	77,330	0.000000	0.000000	20,758	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,843,489	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	76,086,403	0.000000	0.000000	10,340,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,073,621	0.000000	0.000000	1,196,614	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,308,053	0.000000	0.000000	59,878	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	5,365,538	0.000000	0.000000	5,406	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	5,679,135	0.000000	0.000000	6,731	93.02
200.00		Total (lines 50-199)	0	775,069,834			138,153,241	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:02 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	15,592,359	0	50.00
51.00	05100 RECOVERY ROOM	0	1,562,142	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	956	0	52.00
53.00	05300 ANESTHESIOLOGY	0	644,355	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	258,929	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,844,168	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	4,040,356	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,636,106	0	59.00
60.00	06000 LABORATORY	0	6,022,977	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	602,476	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	772,094	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,600,477	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	54,959	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,157,931	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,374,073	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	42,103,789	0	73.00
74.00	07400 RENAL DIALYSIS	0	61,185	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	12,684,507	0	75.01
76.00	03020 CARDIAC CATHETERIZATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 SLEEP CLINIC	0	1,906,926	0	90.01
91.00	09100 EMERGENCY	0	11,844,482	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,538,311	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	538,991	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	0	1,827,325	0	93.01
93.02	04040 ARNETT CANCER CARE CENTER	0	2,159,192	0	93.02
200.00	Total (lines 50-199)	0	143,829,066	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.161898	15,592,359	0	0	2,524,372	50.00
51.00	05100	RECOVERY ROOM	0.198174	1,562,142	0	0	309,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.460954	956	0	0	441	52.00
53.00	05300	ANESTHESIOLOGY	0.669366	644,355	0	0	431,309	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.060328	258,929	0	0	15,621	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094434	11,844,168	0	0	1,118,492	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.101179	4,040,356	0	0	408,799	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.132927	10,636,106	0	0	1,413,826	59.00
60.00	06000	LABORATORY	0.197640	6,022,977	46,429	0	1,190,381	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.225541	602,476	0	0	135,883	63.00
65.00	06500	RESPIRATORY THERAPY	0.226451	772,094	0	0	174,841	65.00
66.00	06600	PHYSICAL THERAPY	0.248927	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098170	4,600,477	0	0	451,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211562	54,959	0	0	11,627	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567	3,157,931	0	0	1,662,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.294283	8,374,073	0	0	2,464,347	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265670	42,103,789	0	133,968	11,185,714	73.00
74.00	07400	RENAL DIALYSIS	0.963945	61,185	0	0	58,979	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.093619	12,684,507	0	0	1,187,511	75.01
76.00	03020	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.509492	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04950	SLEEP CLINIC	0.194969	1,906,926	0	0	371,791	90.01
91.00	09100	EMERGENCY	0.140173	11,844,482	0	0	1,660,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.750457	2,538,311	0	0	1,904,893	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.317265	538,991	0	0	709,994	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	0.585572	1,827,325	0	0	1,070,030	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0.495808	2,159,192	0	0	1,070,545	93.02
200.00		Subtotal (see instructions)		143,829,066	46,429	133,968	31,533,740	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		143,829,066	46,429	133,968	31,533,740	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	9,176	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,591	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	75.01
76.00	03020 CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	0	0	93.01
93.02	04040 ARNETT CANCER CARE CENTER	0	0	93.02
200.00	Subtotal (see instructions)	9,176	35,591	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	9,176	35,591	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/30/2014 12:02 pm
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,454,040	0	11,454,040	38,548	297.14	30.00	
31.00	INTENSIVE CARE UNIT	1,229,457		1,229,457	2,868	428.68	31.00	
35.00	NEONATAL INTENSIVE CARE UNIT	984,228		984,228	2,422	406.37	35.00	
43.00	NURSERY	413,822		413,822	2,471	167.47	43.00	
200.00	Total (Lines 30-199)	14,081,547		14,081,547	46,309		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,355	402,625					30.00
31.00	INTENSIVE CARE UNIT	116	49,727					31.00
35.00	NEONATAL INTENSIVE CARE UNIT	411	167,018					35.00
43.00	NURSERY	231	38,686					43.00
200.00	Total (Lines 30-199)	2,113	658,056					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,116,263	85,084,831	0.036625	1,302,861	47,717	50.00
51.00	05100	RECOVERY ROOM	402,474	8,303,985	0.048468	106,178	5,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,187,386	19,067,921	0.114715	961,060	110,248	52.00
53.00	05300	ANESTHESIOLOGY	133,564	4,400,140	0.030354	67,634	2,053	53.00
53.01	05301	ASC ANESTHESIOLOGY	13,092	1,977,401	0.006621	1,347	9	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,098,116	67,158,083	0.016351	1,168,932	19,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	173,273	12,514,852	0.013845	78,209	1,083	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,252,929	49,811,811	0.025153	569,109	14,315	59.00
60.00	06000	LABORATORY	892,626	84,522,330	0.010561	1,819,979	19,221	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	65,050	7,669,496	0.008482	237,503	2,015	63.00
65.00	06500	RESPIRATORY THERAPY	173,323	11,723,498	0.014784	698,176	10,322	65.00
66.00	06600	PHYSICAL THERAPY	148,006	6,075,301	0.024362	207,033	5,044	66.00
69.00	06900	ELECTROCARDIOLOGY	201,161	21,629,458	0.009300	496,867	4,621	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,425	766,221	0.001860	33,895	63	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	381,749	16,193,919	0.023574	158,430	3,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	741,058	57,037,782	0.012992	1,296,860	16,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	600,375	142,506,030	0.004213	2,515,006	10,596	73.00
74.00	07400	RENAL DIALYSIS	189,107	1,101,510	0.0171680	13,420	2,304	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	750,656	74,091,696	0.010131	16,012	162	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	35,603	77,330	0.460403	776	357	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	SLEEP CLINIC	121,802	6,843,489	0.017798	0	0	90.01
91.00	09100	EMERGENCY	2,193,962	76,086,403	0.028835	922,902	26,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,513,617	8,073,621	0.187477	178,726	33,507	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	526,767	1,308,053	0.402711	4,239	1,707	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04952	HORIZON CANCER CENTER	97,749	5,365,538	0.018218	0	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	196,492	5,679,135	0.034599	0	0	93.02
200.00		Total (lines 50-199)	17,207,625	775,069,834		12,855,154	336,799	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/30/2014 12:02 pm
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Cost Center Description			Title XIX				Hospital	
			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)	PPS
			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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
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	38,548	0.00	1,355	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,868	0.00	116	0		31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	2,422	0.00	411	0		35.00
43.00	04300	NURSERY	2,471	0.00	231	0		43.00
200.00		Total (lines 30-199)	46,309		2,113	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150173

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		Title XIX			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01	05301	ASC ANESTHESIOLOGY	0	0	0	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	SLEEP CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
93.01	04952	HORIZON CANCER CENTER	0	0	0	0	0 93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	0	0	0	0 93.02
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:02 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	85,084,831	0.000000	0.000000	1,302,861	50.00
51.00	05100	RECOVERY ROOM	0	8,303,985	0.000000	0.000000	106,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,067,921	0.000000	0.000000	961,060	52.00
53.00	05300	ANESTHESIOLOGY	0	4,400,140	0.000000	0.000000	67,634	53.00
53.01	05301	ASC ANESTHESIOLOGY	0	1,977,401	0.000000	0.000000	1,347	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,158,083	0.000000	0.000000	1,168,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	12,514,852	0.000000	0.000000	78,209	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	49,811,811	0.000000	0.000000	569,109	59.00
60.00	06000	LABORATORY	0	84,522,330	0.000000	0.000000	1,819,979	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,669,496	0.000000	0.000000	237,503	63.00
65.00	06500	RESPIRATORY THERAPY	0	11,723,498	0.000000	0.000000	698,176	65.00
66.00	06600	PHYSICAL THERAPY	0	6,075,301	0.000000	0.000000	207,033	66.00
69.00	06900	ELECTROCARDIOLOGY	0	21,629,458	0.000000	0.000000	496,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	766,221	0.000000	0.000000	33,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,193,919	0.000000	0.000000	158,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	57,037,782	0.000000	0.000000	1,296,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	142,506,030	0.000000	0.000000	2,515,006	73.00
74.00	07400	RENAL DIALYSIS	0	1,101,510	0.000000	0.000000	13,420	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0	74,091,696	0.000000	0.000000	16,012	75.01
76.00	03020	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	77,330	0.000000	0.000000	776	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0	6,843,489	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	76,086,403	0.000000	0.000000	922,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,073,621	0.000000	0.000000	178,726	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,308,053	0.000000	0.000000	4,239	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0	5,365,538	0.000000	0.000000	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0	5,679,135	0.000000	0.000000	0	93.02
200.00		Total (lines 50-199)	0	775,069,834			12,855,154	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:02 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
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
53.01	05301 ASC ANESTHESIOLOGY	0	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 ASC (NON-DISTINCT PART)	0	0	0		75.01
76.00	03020 CARDIAC CATHETERIZATION	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 SLEEP CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0		93.00
93.01	04952 HORIZON CANCER CENTER	0	0	0		93.01
93.02	04040 ARNETT CANCER CARE CENTER	0	0	0		93.02
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 12:02 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.161898	0	1,832,720	0	0
51.00 05100 RECOVERY ROOM	0.198174	0	227,513	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.460954	0	41,208	0	0
53.00 05300 ANESTHESIOLOGY	0.669366	0	92,268	0	0
53.01 05301 ASC ANESTHESIOLOGY	0.060328	0	50,148	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.094434	0	2,026,819	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.101179	0	332,290	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.132927	0	998,018	0	0
60.00 06000 LABORATORY	0.197640	0	2,345,098	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.225541	0	105,479	0	0
65.00 06500 RESPIRATORY THERAPY	0.226451	0	99,969	0	0
66.00 06600 PHYSICAL THERAPY	0.248927	0	29,870	0	0
69.00 06900 ELECTROCARDIOLOGY	0.098170	0	325,202	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.211562	0	10,592	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567	0	262,874	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.294283	0	1,042,888	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.265670	0	4,934,953	0	0
74.00 07400 RENAL DIALYSIS	0.963945	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 ASC (NON-DISTINCT PART)	0.093619	0	1,816,836	0	0
76.00 03020 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	5.509492	0	776	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 SLEEP CLINIC	0.194969	0	288,175	0	0
91.00 09100 EMERGENCY	0.140173	0	3,757,564	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.750457	0	411,468	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1.317265	0	52,246	0	0
93.00 04951 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
93.01 04952 HORIZON CANCER CENTER	0.585572	0	224,646	0	0
93.02 04040 ARNETT CANCER CARE CENTER	0.495808	0	180,201	0	0
200.00	Subtotal (see instructions)	0	21,489,821	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	21,489,821	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/30/2014 12:02 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	296,714	0	50.00
51.00	05100 RECOVERY ROOM	45,087	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,995	0	52.00
53.00	05300 ANESTHESIOLOGY	61,761	0	53.00
53.01	05301 ASC ANESTHESIOLOGY	3,025	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	191,401	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIO SOTOPE	33,621	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	132,664	0	59.00
60.00	06000 LABORATORY	463,485	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	23,790	0	63.00
65.00	06500 RESPIRATORY THERAPY	22,638	0	65.00
66.00	06600 PHYSICAL THERAPY	7,435	0	66.00
69.00	06900 ELECTROCARDIOLOGY	31,925	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,241	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,421	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	306,904	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,311,069	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 ASC (NON-DISTINCT PART)	170,090	0	75.01
76.00	03020 CARDIAC CATHETERIZATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	4,275	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	04950 SLEEP CLINIC	56,185	0	90.01
91.00	09100 EMERGENCY	526,709	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	308,789	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	68,822	0	92.01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04952 HORIZON CANCER CENTER	131,546	0	93.01
93.02	04040 ARNETT CANCER CARE CENTER	89,345	0	93.02
200.00	Subtotal (see instructions)	4,446,937	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,446,937	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2014 12:02 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,548	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,548	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)		33,454	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)		16,827	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,849,644	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)		45,849,644	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,849,644	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,189.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,014,370	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)		20,014,370	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,800,834	2,868	2,371.28	1,611	3,820,132	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	NEONATAL INTENSIVE CARE UNIT	4,788,165	2,422	1,976.95	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,068,271	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,902,773	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)					5,690,578	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,784,348	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,474,926	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,427,847	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,189.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,058,905	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/30/2014 12:02 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	11,454,040	45,849,644	0.249817	6,058,905	1,513,617	90.00
91.00	Nursing School cost	0	45,849,644	0.000000	6,058,905	0	91.00
92.00	Allied health cost	0	45,849,644	0.000000	6,058,905	0	92.00
93.00	All other Medical Education	0	45,849,644	0.000000	6,058,905	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2014 12:02 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,548	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,548	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)		33,454	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,355	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)		2,471	15.00
16.00	Nursery days (title V or XIX only)		231	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		45,849,644	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)		45,849,644	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,849,644	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,189.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,611,664	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)		1,611,664	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:02 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,725,500	2,471	698.30	231	161,307	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,800,834	2,868	2,371.28	116	275,068	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	NEONATAL INTENSIVE CARE UNIT	4,788,165	2,422	1,976.95	411	812,526	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,015,595	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,876,160	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					658,056	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					336,799	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					994,855	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,881,305	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,094	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,189.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,058,905	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150173		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/30/2014 12:02 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	11,454,040	45,849,644	0.249817	6,058,905	1,513,617	90.00
91.00	Nursing School cost	0	45,849,644	0.000000	6,058,905	0	91.00
92.00	Allied health cost	0	45,849,644	0.000000	6,058,905	0	92.00
93.00	All other Medical Education	0	45,849,644	0.000000	6,058,905	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		37,267,504	30.00
31.00	03100	INTENSIVE CARE UNIT		5,586,745	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161898	17,300,616	50.00
51.00	05100	RECOVERY ROOM	0.198174	1,245,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.460954	47,692	52.00
53.00	05300	ANESTHESIOLOGY	0.679215	1,013,868	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.060328	1,760	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094434	12,644,590	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.101179	751,043	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.132927	10,994,632	59.00
60.00	06000	LABORATORY	0.197640	18,647,254	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.225541	3,169,713	63.00
65.00	06500	RESPIRATORY THERAPY	0.226451	5,752,305	65.00
66.00	06600	PHYSICAL THERAPY	0.248927	3,524,887	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098170	7,792,543	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211562	308,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567	4,195,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.294283	14,444,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265670	23,750,259	73.00
74.00	07400	RENAL DIALYSIS	0.963945	866,308	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.093619	71,509	75.01
76.00	03020	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.509492	20,758	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.194969	0	90.01
91.00	09100	EMERGENCY	0.141016	10,340,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.750457	1,196,614	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.317265	59,878	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0.586806	5,406	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0.495808	6,731	93.02
200.00		Total (sum of lines 50-94 and 96-98)		138,153,241	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)		138,153,241	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/30/2014 12:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,889,662	30.00
31.00	03100	INTENSIVE CARE UNIT		417,663	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		1,012,359	35.00
43.00	04300	NURSERY		259,042	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.161898	1,302,861	50.00
51.00	05100	RECOVERY ROOM	0.198174	106,178	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.460954	961,060	52.00
53.00	05300	ANESTHESIOLOGY	0.679215	67,634	53.00
53.01	05301	ASC ANESTHESIOLOGY	0.060328	1,347	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094434	1,168,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.101179	78,209	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.132927	569,109	59.00
60.00	06000	LABORATORY	0.197640	1,819,979	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.225541	237,503	63.00
65.00	06500	RESPIRATORY THERAPY	0.226451	698,176	65.00
66.00	06600	PHYSICAL THERAPY	0.248927	207,033	66.00
69.00	06900	ELECTROCARDIOLOGY	0.098170	496,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.211562	33,895	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.526567	158,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.294283	1,296,860	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.265670	2,515,006	73.00
74.00	07400	RENAL DIALYSIS	0.963945	13,420	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	ASC (NON-DISTINCT PART)	0.093619	16,012	75.01
76.00	03020	CARDIAC CATHETERIZATION	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	5.509492	776	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	SLEEP CLINIC	0.194969	0	90.01
91.00	09100	EMERGENCY	0.141016	922,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.750457	178,726	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1.317265	4,239	92.01
93.00	04951	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04952	HORIZON CANCER CENTER	0.586806	0	93.01
93.02	04040	ARNETT CANCER CARE CENTER	0.495808	0	93.02
200.00		Total (sum of lines 50-94 and 96-98)		12,855,154	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)		12,855,154	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		24,288,789	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		7,753,935	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		2,528,213	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)		165.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.78	31.00
32.00	Sum of lines 30 and 31		18.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.75	33.00
34.00	Disproportionate share adjustment (see instructions)		1,245,795	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 12:02 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)			0.000178645	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,616,093	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			407,344	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		407,344		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			36,224,076	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)			36,224,076	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			3,779,149	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)			40,003,225	59.00
60.00	Primary payer payments			7,522	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,995,703	61.00
62.00	Deductibles billed to program beneficiaries			3,098,676	62.00
63.00	Coinurance billed to program beneficiaries			113,960	63.00
64.00	Allowable bad debts (see instructions)			285,085	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			185,305	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			142,125	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,968,372	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)			36,548	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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 12:02 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)		37,004,920		71.00
71.01	Sequestration adjustment (see instructions)		558,774		71.01
72.00	Interim payments		36,379,183		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		66,963		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		7,904,473		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		44,767	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,533,740	2.00
3.00	PPS payments		23,800,945	3.00
4.00	Outlier payment (see instructions)		477,864	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)		44,767	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		180,397	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)		180,397	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		180,397	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		135,630	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)		44,767	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)		24,278,809	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,828,405	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)		19,495,171	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)		19,495,171	30.00
31.00	Primary payer payments		1,462	31.00
32.00	Subtotal (line 30 minus line 31)		19,493,709	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		601,931	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		391,255	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		456,833	36.00
37.00	Subtotal (see instructions)		19,884,964	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,884,964	40.00
40.01	Sequestration adjustment (see instructions)		300,263	40.01
41.00	Interim payments		19,364,585	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		220,116	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150173

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2014 12:02 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		36,379,183		19,364,585	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		36,379,183		19,364,585	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		66,963		220,116	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,446,146		19,584,701	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: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			10,331 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,438 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			4,132 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			38,744 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			858,517,644 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			33,186,482 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)			1,162,429 8.00
9.00	Sequestration adjustment amount (see instructions)			23,249 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,139,180 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,381,590 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)			-242,410 32.00

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

Provider CCN: 150173

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

Worksheet G

Date/Time Prepared:
5/30/2014 12:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	37,948,196	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	613,824	0	0	0	3.00
4.00	Accounts receivable	43,235,826	0	0	0	4.00
5.00	Other receivable	-2,221,639	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,046,440	0	0	0	7.00
8.00	Prepaid expenses	2,482,018	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	86,104,665	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,121,457	0	0	0	12.00
13.00	Land improvements	107,468	0	0	0	13.00
14.00	Accumulated depreciation	-10,099	0	0	0	14.00
15.00	Buildings	185,424,920	0	0	0	15.00
16.00	Accumulated depreciation	-20,591,557	0	0	0	16.00
17.00	Leasehold improvements	3,525,141	0	0	0	17.00
18.00	Accumulated depreciation	-722,131	0	0	0	18.00
19.00	Fixed equipment	5,313,100	0	0	0	19.00
20.00	Accumulated depreciation	-2,220,014	0	0	0	20.00
21.00	Automobiles and trucks	96,645	0	0	0	21.00
22.00	Accumulated depreciation	-72,141	0	0	0	22.00
23.00	Major movable equipment	71,164,535	0	0	0	23.00
24.00	Accumulated depreciation	-47,225,272	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)	198,912,052	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	896,537	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	358,190	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,254,727	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	286,271,444	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,350,002	0	0	0	37.00
38.00	Salaries, wages, and fees payable	20,652,074	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	37,923,847	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,925,923	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,395,062	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	223,308,815	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	224,703,877	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	297,629,800	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-11,358,356	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)	-11,358,356	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	286,271,444	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150173

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

Worksheet G-1

Date/Time Prepared:
5/30/2014 12:02 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		-42,653,777		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		31,295,419				2.00
3.00	Total (sum of line 1 and line 2)		-11,358,358		0		3.00
4.00	ROUDNING	2		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2		0		10.00
11.00	Subtotal (line 3 plus line 10)		-11,358,356		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-11,358,356		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	ROUDNING		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: 150173

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2014 12:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	70,306,945		70,306,945	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)	70,306,945		70,306,945	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,848,952		9,848,952	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	NEONATAL INTENSIVE CARE UNIT	7,532,938		7,532,938	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,381,890		17,381,890	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,688,835		87,688,835	17.00
18.00	Ancillary services	279,807,551	470,594,911	750,402,462	18.00
19.00	Outpatient services	2,328,095	18,102,956	20,431,051	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON-REIMBURSABLE	305,329	276,512,376	276,817,705	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	370,129,810	765,210,243	1,135,340,053	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		347,370,451		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		347,370,451		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150173

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

Worksheet G-3

Date/Time Prepared:
5/30/2014 12:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,135,340,053	1.00
2.00	Less contractual allowances and discounts on patients' accounts	766,513,740	2.00
3.00	Net patient revenues (line 1 minus line 2)	368,826,313	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	347,370,451	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,455,862	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	9,839,557	24.00
25.00	Total other income (sum of lines 6-24)	9,839,557	25.00
26.00	Total (line 5 plus line 25)	31,295,419	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	31,295,419	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150173	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/30/2014 12:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,539,697	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,142,690	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)		106.15	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)		2.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.78	8.00
9.00	Sum of lines 7 and 8		18.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.81	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		96,762	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,779,149	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00