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: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/30/2014 4:24 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report — Date: 5/30/2014 Time: 4:24 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 BLOOMINGTON HOSPITAL (150051) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-289,277	240,047	42,774	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	30,487	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	1	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-258,789	240,047	42,774	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: 150051

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

Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 601 WEST SECOND STREET	PO Box: 1149			1.00
2.00	City: BLOOMINGTON	State: IN	Zip Code: 47402	County: MONROE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		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 BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	IU HEALTH BLOOMINGTON HOME HEALTH	157011	14020		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	IU HEALTH BLOOMINGTON HOSPICE	151509	14020		03/13/1991				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,495	1,355	52	0	5,033	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.	224	0	0	0	74		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings		
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	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.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

		V	XIX	
		1.00	2.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			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.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,379,716	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 3:35 pm

		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

		1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: IU HEALTH PARTNERS	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	141.00
142.00	Street: 340 WEST TENTH STREET	PO Box:			142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202-3082	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	Y	Y	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 3:35 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	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	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	
		Description	Y/N	Date	Y/N	
		0	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	04/10/2013	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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
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 relifed for Medicare purposes? If yes, see instructions		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.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		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.		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		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		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.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		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.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	JACKSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1035	BJACKSON1@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 3:35 pm

		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)	04/10/2013			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.		DIRECTOR REIMBURSEMENT AND FINANCIAL		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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 3:35 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	229	83,585	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)		229	83,585	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		245	89,425	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	21	7,665		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00	NURSING FACILITY	45.00	0	0		0	20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	33,332			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC	99.00				0	25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		266				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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 3:35 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	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)	19,861	3,605	44,220			1.00
2.00	HMO and other (see instructions)	4,172	5,965				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	74				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	19,861	3,605	44,220			7.00
8.00	INTENSIVE CARE UNIT	2,313	396	3,527			8.00
9.00	CORONARY CARE UNIT	0	0	0			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		436	5,189			13.00
14.00	Total (see instructions)	22,174	4,437	52,936	0.00	2,311.18	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	3,432	224	4,823	0.00	25.08	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY	13,718	1,894	24,738	0.00	78.03	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE	28,178	45	33,332	0.00	54.27	24.00
24.10	HOSPICE (non-distinct part)	0	0	2			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,468.56	27.00
28.00	Observation Bed Days		679	2,870			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	533	1,075			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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 3:35 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,680	2,653	12,195	1.00
2.00	HMO and other (see instructions)			763			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,680	2,653	12,195	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	280	14	389	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	125,458,359	930,559	126,388,918	4,849,989.00	26.06	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		260,964	0	260,964	4,369.00	59.73	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,701,128	0	1,701,128	25,018.00	68.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,824,320	322,267	15,146,587	563,696.00	26.87	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,074,880	0	2,074,880	25,429.00	81.60	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,197,434	0	1,197,434	7,723.00	155.05	13.00
14.00	Home office salaries & wage-related costs		6,326,194	0	6,326,194	129,488.00	48.86	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,535,187	0	32,535,187			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,423,889	0	4,423,889			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		48,539	0	48,539			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		272,543	0	272,543			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,028,171	-28,715	1,999,456	71,901.00	27.81	26.00
27.00	Administrative & General	5.00	21,344,301	294,946	21,639,247	795,752.70	27.19	27.00
28.00	Administrative & General under contract (see inst.)		720,750	0	720,750	8,888.00	81.09	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,126,579	36,242	3,162,821	129,040.00	24.51	30.00
31.00	Laundry & Linen Service	8.00	652,274	-25,857	626,417	42,869.00	14.61	31.00
32.00	Housekeeping	9.00	1,751,819	13,973	1,765,792	147,278.00	11.99	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,308,267	-946,523	1,361,744	86,002.10	15.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	46,623	960,526	1,007,149	71,756.00	14.04	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,777,255	31,880	3,809,135	122,546.00	31.08	38.00
39.00	Central Services and Supply	14.00	524,223	878	525,101	31,028.00	16.92	39.00
40.00	Pharmacy	15.00	4,832,745	-4,832,745	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,939,122	14,776	1,953,898	99,619.00	19.61	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	448,438	-3,328	445,110	24,785.00	17.96	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2014 3:35 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		124,477,981	930,559	125,408,540	4,833,859.00	25.94	1.00
2.00	Excluded area salaries (see instructions)		14,824,320	322,267	15,146,587	563,696.00	26.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)		109,653,661	608,292	110,261,953	4,270,163.00	25.82	3.00
4.00	Subtotal other wages & related costs (see inst.)		9,598,508	0	9,598,508	162,640.00	59.02	4.00
5.00	Subtotal wage-related costs (see inst.)		32,583,726	0	32,583,726	0.00	29.55	5.00
6.00	Total (sum of lines 3 thru 5)		151,835,895	608,292	152,444,187	4,432,803.00	34.39	6.00
7.00	Total overhead cost (see instructions)		43,500,567	-4,483,947	39,016,620	1,631,464.80	23.92	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2014 3:35 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	5,195,303	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	10,400	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	99,943	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)	17,819,441	8.00
9.00	Prescription Drug Plan	114,931	9.00
10.00	Dental, Hearing and Vision Plan	478,296	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	197,680	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)	1,082,810	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,275,962	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	8,863,663	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	316,177	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	426,684	22.00
23.00	Tuition Reimbursement	444,165	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	36,325,455	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2014 3:35 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	2,074,880	0	1.00
2.00	Hospital	2,074,880	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150051
Component CCN: 157011

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

Worksheet S-4
Date/Time Prepared: 5/30/2014 3:35 pm

		Home Health Agency I	PPS
		1.00	
0.00	County	MONROE	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	3,520	486	2,342	6,348	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	669.00	81.00	847.00	1,597.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		4.00	0.00	4.00	5.00
6.00	Direct Nursing Service		21.86	0.00	21.86	6.00
7.00	Nursing Supervisor		1.96	0.00	1.96	7.00
8.00	Physical Therapy Service		11.96	0.00	11.96	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		4.74	0.00	4.74	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		5.08	0.00	5.08	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.91	0.00	1.91	14.00
15.00	Medical Social Service Supervisor		0.01	0.00	0.01	15.00
16.00	Home Health Aide		1.80	0.00	1.80	16.00
17.00	Home Health Aide Supervisor		0.80	0.00	0.80	17.00
18.00	NONREIMBURSABLE		22.91	0.00	22.91	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		14020			20.00
20.01			99915			20.01
20.02			26900			20.02

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	6,040	703	189	165	7,097	21.00
22.00	Skilled Nursing Visit Charges	603,123	71,962	16,293	16,699	708,077	22.00
23.00	Physical Therapy Visits	3,919	55	59	61	4,094	23.00
24.00	Physical Therapy Visit Charges	440,488	6,205	6,027	6,866	459,586	24.00
25.00	Occupational Therapy Visits	1,309	13	21	35	1,378	25.00
26.00	Occupational Therapy Visit Charges	149,003	1,476	2,271	3,994	156,744	26.00
27.00	Speech Pathology Visits	72	0	1	0	73	27.00
28.00	Speech Pathology Visit Charges	8,854	0	123	0	8,977	28.00
29.00	Medical Social Service Visits	208	6	1	6	221	29.00
30.00	Medical Social Service Visit Charges	34,434	995	165	994	36,588	30.00
31.00	Home Health Aide Visits	816	15	0	24	855	31.00
32.00	Home Health Aide Visit Charges	38,110	704	0	1,125	39,939	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,364	792	271	291	13,718	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,274,012	81,342	24,879	29,678	1,409,911	35.00
36.00	Total Number of Episodes (standard/non outlier)	658		80	14	752	36.00
37.00	Total Number of Outlier Episodes		17		4	21	37.00
38.00	Total Non-Routine Medical Supply Charges	23,164	2,742	1,344	1,236	28,486	38.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150051 Component CCN: 151509	Period: From 01/01/2013 To 12/31/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2014 3:35 pm
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	27,952	1,325	7,163	174	2,221	31,498	2.00
3.00	Inpatient Respite Care	179	8	179	8	0	187	3.00
4.00	General Inpatient Care	1,345	82	1,331	82	220	1,647	4.00
5.00	Total Hospice Days	29,476	1,415	8,673	264	2,441	33,332	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	567	34	359	25	71	672	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	51.99	41.62	24.16	10.56	34.38	49.60	8.00
9.00	Unduplicated Census Count	504	30	321	21	68	602	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/30/2014 3:35 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.354019	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	17,549,392	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		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	87,757,768	6.00
7.00	Medicaid cost (line 1 times line 6)	31,067,917	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)	13,518,525	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)	2,373,175	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	10,873,157	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	3,849,304	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)	1,476,129	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	4,933,912	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	14,994,654	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	35,114,483	4,587,517	39,702,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,431,194	1,624,068	14,055,262	21.00
22.00	Partial payment by patients approved for charity care	130,536	89,485	220,021	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,300,658	1,534,583	13,835,241	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,110,064	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	-1,110,064	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	-392,984	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	13,442,257	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	28,436,911	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	CAP REL COSTS-1947 BUILDING		24,487	24,487	0	24,487	1.01
1.02	00102	CAP REL COSTS-1965 BUILDING		2,714,006	2,714,006	497,155	3,211,161	1.02
1.03	00103	CAP REL COSTS-1983 BUILDING		205,737	205,737	0	205,737	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS		32,954	32,954	0	32,954	1.04
1.05	00105	CAP REL COSTS-UTILITIES		31,460	31,460	0	31,460	1.05
1.06	00106	CAP REL COSTS-WEGMILLER		10,897	10,897	0	10,897	1.06
1.07	00107	CAP REL COSTS-CANCER		155,547	155,547	0	155,547	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING		48,757	48,757	0	48,757	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT		31,226	31,226	0	31,226	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE		45,565	45,565	0	45,565	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		13,512,907	13,512,907	3,518,826	17,031,733	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,028,171	40,986,146	43,014,317	-1,752,422	41,261,895	4.00
4.01	00402	CHILD CARE	0	426,684	426,684	-2,453	424,231	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	21,344,301	37,045,917	58,390,218	-2,737,367	55,652,851	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,126,579	9,751,602	12,878,181	-406,366	12,471,815	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	652,274	424,791	1,077,065	-7,641	1,069,424	8.00
9.00	00900	HOUSEKEEPING	1,751,819	386,790	2,138,609	51	2,138,660	9.00
10.00	01000	DIETARY	2,308,267	2,088,626	4,396,893	-1,895,030	2,501,863	10.00
11.00	01100	CAFETERIA	46,623	91,675	138,298	1,899,652	2,037,950	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,777,255	1,264,042	5,041,297	-137,073	4,904,224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	524,223	237,647	761,870	-150,675	611,195	14.00
15.00	01500	PHARMACY	4,832,745	15,521,345	20,354,090	-20,354,090	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,939,122	449,381	2,388,503	24,173	2,412,676	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	448,438	297,386	745,824	-183,678	562,146	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,588,130	2,252,737	23,840,867	-990,702	22,850,165	30.00
31.00	03100	INTENSIVE CARE UNIT	2,561,682	521,126	3,082,808	-304,706	2,778,102	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,272,083	502,031	1,774,114	-46,258	1,727,856	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,641,012	174,087	1,815,099	-84,564	1,730,535	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,908,991	19,773,621	25,682,612	-17,409,005	8,273,607	50.00
50.01	05001	CV SURGERY	498,271	879,675	1,377,946	-749,561	628,385	50.01
51.00	05100	RECOVERY ROOM	919,453	51,319	970,772	-23,745	947,027	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,704,074	600,015	3,304,089	-409,502	2,894,587	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,577,965	2,123,139	5,701,104	-1,429,533	4,271,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,055,795	1,650,510	3,706,305	-176,098	3,530,207	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	546,571	274,360	820,931	-73,062	747,869	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	313,788	219,927	533,715	-4,541	529,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,018,518	6,667,350	7,685,868	-6,187,767	1,498,101	59.00
60.00	06000	LABORATORY	5,122,304	7,936,397	13,058,701	-4,226,736	8,831,965	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	4,191,844	4,191,844	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	62	62	36,850	36,912	64.00
65.00	06500	RESPIRATORY THERAPY	1,809,645	461,550	2,271,195	-309,149	1,962,046	65.00
66.00	06600	PHYSICAL THERAPY	7,495,729	1,346,267	8,841,996	-885,651	7,956,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	820,067	351,316	1,171,383	-2,696	1,168,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	820,498	168,540	989,038	-30,075	958,963	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,291,878	27,291,878	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,402,947	3,402,947	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,256,348	20,256,348	73.00
74.00	07400	RENAL DIALYSIS	0	745,918	745,918	-22,906	723,012	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,529,805	205,430	1,735,235	-161,119	1,574,116	75.01
76.97	07697	CARDIAC REHABILITATION	706,991	33,081	740,072	-2,976	737,096	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,076,438	110,808	1,187,246	-389,689	797,557	90.00
91.00	09100	EMERGENCY	5,138,495	1,078,884	6,217,379	-477,078	5,740,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,347,916	642,769	2,990,685	-109,739	2,880,946	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,208,636	1,669,585	5,878,221	169,074	6,047,295	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,547,267	1,547,267	-513,077	1,034,190	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	2,962,950	1,831,225	4,794,175	-376,646	4,417,529	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,425,624	179,604,571	301,030,195	-1,734,578	299,295,617	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	3,189,644	957,108	4,146,752	-238,604	3,908,148	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	303,271	303,271	190.02
190.03	19003	OLCOTT	253,162	34,305	287,467	-24,838	262,629	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	623,287	623,287	190.04
190.05	19005	FOUNDATION	415,927	156,183	572,110	-47,975	524,135	190.05
190.06	19006	MARKETING	0	0	0	859,375	859,375	190.06
190.07	19007	HME STORE	30,285	1,492,568	1,522,853	220	1,523,073	190.07
190.08	19008	UNUSED SPACE	0	0	0	258,032	258,032	190.08
190.09	19010	CLINICAL TRIALS	143,717	268,291	412,008	1,810	413,818	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	125,458,359	182,513,026	307,971,385	0	307,971,385	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 3:35 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	0	0	1.00
1.01	00101	CAP REL COSTS-1947 BUILDING	0	24,487	1.01
1.02	00102	CAP REL COSTS-1965 BUILDING	-569,813	2,641,348	1.02
1.03	00103	CAP REL COSTS-1983 BUILDING	807	206,544	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	0	32,954	1.04
1.05	00105	CAP REL COSTS-UTILITIES	0	31,460	1.05
1.06	00106	CAP REL COSTS-WEGMILLER	-343	10,554	1.06
1.07	00107	CAP REL COSTS-CANCER	0	155,547	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	22,859	71,616	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	31,226	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	45,565	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	739,766	17,771,499	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,256,814	47,518,709	4.00
4.01	00402	CHILD CARE	-167,629	256,602	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	-2,552,835	53,100,016	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,721,356	14,193,171	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-528,969	540,455	8.00
9.00	00900	HOUSEKEEPING	267,730	2,406,390	9.00
10.00	01000	DIETARY	-623,081	1,878,782	10.00
11.00	01100	CAFETERIA	-1,706,652	331,298	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-23,871	4,880,353	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	611,195	14.00
15.00	01500	PHARMACY	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-104,523	2,308,153	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	562,146	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-749,510	22,100,655	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,778,102	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,727,856	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-10,118	1,720,417	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-54,180	8,219,427	50.00
50.01	05001	CV SURGERY	0	628,385	50.01
51.00	05100	RECOVERY ROOM	0	947,027	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,500	2,879,087	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-24,984	4,246,587	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-240,233	3,289,974	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	747,869	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	529,174	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,498,101	59.00
60.00	06000	LABORATORY	-266,169	8,565,796	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	4,191,844	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	36,912	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,962,046	65.00
66.00	06600	PHYSICAL THERAPY	-13,100	7,943,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-326,709	841,978	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	958,963	70.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,291,878		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,402,947		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-80,828	20,175,520		73.00
74.00	07400	RENAL DIALYSIS	0	723,012		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-891,001	683,115		75.01
76.97	07697	CARDIAC REHABILITATION	0	737,096		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-5,450	792,107		90.00
91.00	09100	EMERGENCY	315,364	6,055,665		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	-113,890	2,767,056		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	-23,765	6,023,530		101.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
113.00	11300	INTEREST EXPENSE	-1,034,190	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	11600	HOSPICE	-23	4,417,506		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-802,670	298,492,947		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	PROMPTCARE	0	3,908,148		190.01
190.02	19002	RENTAL PROPERTIES	0	303,271		190.02
190.03	19003	OLCOTT	0	262,629		190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	623,287		190.04
190.05	19005	FOUNDATION	0	524,135		190.05
190.06	19006	MARKETING	0	859,375		190.06
190.07	19007	HME STORE	0	1,523,073		190.07
190.08	19008	UNUSED SPACE	0	258,032		190.08
190.09	19010	CLINICAL TRIALS	0	413,818		190.09
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
200.00		TOTAL (SUM OF LINES 118-199)	-802,670	307,168,715		200.00

RECLASSIFICATIONS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 3:35 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - PROPERTY TAX				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	33,357	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	33,357	
	B - INSURANCE				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	436,489	1.00
	TOTALS		0	436,489	
	C - LICENSE FEE				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	731,273	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	731,273	
	D - INTEREST				
1.00	CAP REL COSTS-1965 BUILDING	1.02	0	536,721	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	325	2.00
	TOTALS		0	537,046	
	E - MISC INTEREST				
1.00	INTEREST EXPENSE	113.00	0	23,969	1.00
	TOTALS		0	23,969	
	F - EQUIPMENT RENT				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,671,535	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	2,671,535	
	G - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	4,832,745	15,473,520	1.00
	TOTALS		4,832,745	15,473,520	
	H - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,694,849	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

RECLASSIFICATIONS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 3:35 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
	TOTALS		0	30,694,849		
	I - IV THERAPY SOLUTION					
1.00	INTRAVENOUS THERAPY	64.00	0	36,850		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	36,850		
	J - PHYSICIAN RECRUITING					
1.00	PHYSICIAN RECRUITMENT	190.04	0	623,287		1.00
	TOTALS		0	623,287		
	K - BONUS AND PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,871	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	269,167	0		2.00
3.00	OPERATION OF PLANT	7.00	39,342	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	7,792	0		4.00
5.00	HOUSEKEEPING	9.00	21,964	0		5.00
6.00	DIETARY	10.00	16,938	0		6.00
7.00	CAFETERIA	11.00	12,528	0		7.00
8.00	NURSING ADMINISTRATION	13.00	47,381	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	6,532	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	24,304	0		10.00
11.00	CENTRAL STERILIZATION	18.01	5,537	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	270,383	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	32,190	0		13.00
14.00	SUBPROVIDER - IRF	41.00	15,906	0		14.00
15.00	NURSERY	43.00	20,660	0		15.00
16.00	OPERATING ROOM	50.00	74,114	0		16.00
17.00	CV SURGERY	50.01	6,260	0		17.00
18.00	RECOVERY ROOM	51.00	11,502	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	33,817	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	44,884	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	25,863	0		21.00
22.00	CT SCAN	57.00	6,884	0		22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,881	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	12,775	0		24.00
25.00	LABORATORY	60.00	64,048	0		25.00
26.00	RESPIRATORY THERAPY	65.00	22,774	0		26.00
27.00	PHYSICAL THERAPY	66.00	94,152	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	10,303	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	10,255	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	60,696	0		30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	19,235	0		31.00
32.00	CARDIAC REHABILITATION	76.97	8,883	0		32.00
33.00	CLINIC	90.00	9,276	0		33.00
34.00	EMERGENCY	91.00	64,533	0		34.00
35.00	AMBULANCE SERVICES	95.00	29,472	0		35.00
36.00	HOME HEALTH AGENCY	101.00	56,901	0		36.00
37.00	HOSPICE	116.00	37,110	0		37.00
38.00	PROMPTCARE	190.01	38,590	0		38.00
39.00	OLCOTT	190.03	3,188	0		39.00
40.00	FOUNDATION	190.05	5,209	0		40.00
41.00	HME STORE	190.07	220	0		41.00
42.00	CLINICAL TRIALS	190.09	1,810	0		42.00
	TOTALS		1,572,130	0		
	L - CAFETERIA					
1.00	CAFETERIA	11.00	948,171	938,953		1.00
	TOTALS		948,171	938,953		

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	M - RENTAL PROPERTY DEPRECIATION				
1.00	RENTAL PROPERTIES	190.02	0	303,271	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	303,271	
	N - UTILITIES				
1.00	OPERATION OF PLANT	7.00	0	327,579	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	TOTALS		0	327,579	
	O - ADVERTISING				
1.00	MARKETING	190.06	0	859,375	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	859,375	
	P - BCC DEPRECIATION				
1.00	UNUSED SPACE	190.08	0	43,935	1.00
	TOTALS		0	43,935	
	Q - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,402,947	1.00
	TOTALS		0	3,402,947	
	R - SEVERANCE EXPENSE				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	46,885	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	27,487	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,558	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	378	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,434	5.00
6.00	LABORATORY	60.00	0	1,778	6.00
7.00	PHYSICAL THERAPY	66.00	0	556	7.00
8.00	EMERGENCY	91.00	0	3,696	8.00
9.00	HOME HEALTH AGENCY	101.00	0	609	9.00
	TOTALS		0	91,381	
	S - BILLING EXPENSE				
1.00	ADMINISTRATIVE & GENERAL	5.00	170,927	0	1.00
	TOTALS		170,927	0	
	T - MOBILE MEDICAL COACH				
1.00	PROMPTCARE	190.01	49,322	3,577	1.00
	TOTALS		49,322	3,577	
	U - INTERPRETER FEES				
1.00	ADMINISTRATIVE & GENERAL	5.00	0	39,708	1.00
	TOTALS		0	39,708	
	V - CTA RENT				
1.00	UNUSED SPACE	190.08	0	172,711	1.00
	TOTALS		0	172,711	
	W - STD				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,264	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	98,263	2.00
3.00	OPERATION OF PLANT	7.00	0	3,100	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	6,162	4.00
5.00	HOUSEKEEPING	9.00	0	7,991	5.00
6.00	DIETARY	10.00	0	15,290	6.00
7.00	CAFETERIA	11.00	0	173	7.00
8.00	NURSING ADMINISTRATION	13.00	0	15,501	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	96	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,528	10.00
11.00	CENTRAL STERILIZATION	18.01	0	8,865	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	121,128	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	5,994	13.00
14.00	SUBPROVIDER - IRF	41.00	0	9,281	14.00
15.00	NURSERY	43.00	0	721	15.00
16.00	OPERATING ROOM	50.00	0	24,851	16.00
17.00	CV SURGERY	50.01	0	1,258	17.00
18.00	RECOVERY ROOM	51.00	0	6,272	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,248	19.00

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,031	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,443	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,679	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	4,286	23.00
24.00	LABORATORY	60.00	0	35,501	24.00
25.00	RESPIRATORY THERAPY	65.00	0	1,527	25.00
26.00	PHYSICAL THERAPY	66.00	0	20,112	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	2,094	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,312	28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,906	29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	2,688	30.00
31.00	CARDIAC REHABILITATION	76.97	0	1,709	31.00
32.00	CLINIC	90.00	0	3,516	32.00
33.00	EMERGENCY	91.00	0	11,293	33.00
34.00	AMBULANCE SERVICES	95.00	0	8,000	34.00
35.00	HOME HEALTH AGENCY	101.00	0	26,950	35.00
36.00	HOSPICE	116.00	0	16,650	36.00
37.00	PROMPTCARE	190.01	0	4,270	37.00
38.00	OLCOTT	190.03	0	76	38.00
39.00	FOUNDATION	190.05	0	2,356	39.00
40.00	HME STORE	190.07	0	12,805	40.00
	TOTALS		0	550,190	
	X - ANTICOAGULATION				
1.00	HOME HEALTH AGENCY	101.00	336,463	20,294	1.00
	TOTALS		336,463	20,294	
	Y - PHYSICIAN LABORATORY				
1.00	PHYSICIAN LABORATORY	60.02	1,644,260	2,547,584	1.00
	TOTALS		1,644,260	2,547,584	
	Z - LIBERTY DRIVE BLDG RECLASS				
1.00	UNUSED SPACE	190.08	0	39,566	1.00
2.00	UNUSED SPACE	190.08	0	1,820	2.00
	TOTALS		0	41,386	
500.00	Grand Total: Increases		9,554,018	60,605,066	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY TAX						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,098	13		1.00
2.00	OPERATION OF PLANT	7.00	0	15,505	0		2.00
3.00	LABORATORY	60.00	0	4,748	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	1,000	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	10,006	0		5.00
	TOTALS		0	33,357			
	B - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	436,489	12		1.00
	TOTALS		0	436,489			
	C - LICENSE FEE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,198	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	627,329	0		2.00
3.00	PHARMACY	15.00	0	47,825	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	16,763	0		4.00
5.00	LABORATORY	60.00	0	12,750	0		5.00
6.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	315	0		6.00
7.00	PROMPTCARE	190.01	0	3,093	0		7.00
8.00	OLCOTT	190.03	0	15,000	0		8.00
	TOTALS		0	731,273			
	D - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	537,046	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	537,046			
	E - MISC INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,969	0		1.00
	TOTALS		0	23,969			
	F - EQUIPMENT RENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	130,014	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	622,164	0		2.00
3.00	OPERATION OF PLANT	7.00	0	546,371	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	12,721	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	154,104	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	15,943	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0		7.00
8.00	LABORATORY	60.00	0	75,052	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	573,369	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,010	0		10.00
11.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	179,787	0		11.00
12.00	CARDIAC REHABILITATION	76.97	0	2,070	0		12.00
13.00	CLINIC	90.00	0	34,680	0		13.00
14.00	AMBULANCE SERVICES	95.00	0	29,400	0		14.00
15.00	HOME HEALTH AGENCY	101.00	0	13,816	0		15.00
16.00	HOSPICE	116.00	0	99,098	0		16.00
17.00	PROMPTCARE	190.01	0	136,232	0		17.00
18.00	FOUNDATION	190.05	0	31,108	0		18.00
	TOTALS		0	2,671,535			
	G - PHARMACY						
1.00	PHARMACY	15.00	4,832,745	15,473,520	0		1.00
	TOTALS		4,832,745	15,473,520			
	H - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,002	0		1.00
2.00	CHILD CARE	4.01	0	2,453	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	25,164	0		3.00
4.00	OPERATION OF PLANT	7.00	0	43,827	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	2,712	0		5.00
6.00	HOUSEKEEPING	9.00	0	21,913	0		6.00
7.00	DIETARY	10.00	0	24,844	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	144,746	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,103	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	131	0		10.00
11.00	CENTRAL STERILIZATION	18.01	0	189,215	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,245,142	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	336,896	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	62,164	0		14.00
15.00	NURSERY	43.00	0	105,224	0		15.00
16.00	OPERATING ROOM	50.00	0	17,483,119	0		16.00
17.00	CV SURGERY	50.01	0	755,821	0		17.00
18.00	RECOVERY ROOM	51.00	0	35,247	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	443,319	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,460,431	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	26,640	0		21.00

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
22.00	CT SCAN	57.00	0	79,946	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,422	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	6,200,542	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	330,923	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	350,078	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	12,999	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,320	0	28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	0	73,787	0	29.00
30.00	RENAL DIALYSIS	74.00	0	22,906	0	30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	252	0	31.00
32.00	CARDIAC REHABILITATION	76.97	0	9,789	0	32.00
33.00	CLINIC	90.00	0	7,528	0	33.00
34.00	EMERGENCY	91.00	0	541,611	0	34.00
35.00	AMBULANCE SERVICES	95.00	0	99,911	0	35.00
36.00	HOME HEALTH AGENCY	101.00	0	203,511	0	36.00
37.00	HOSPICE	116.00	0	299,211	0	37.00
	TOTALS		0	30,694,849		
	I - IV THERAPY SOLUTION					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,826	0	2.00
	TOTALS		0	36,850		
	J - PHYSICIAN RECRUITING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	623,287	0	1.00
	TOTALS		0	623,287		
	K - BONUS AND PTO ACCRUAL					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,572,130	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
	TOTALS		0	1,572,130		

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	Cost Center	Decreases Line #	Decreases Salary	Decreases Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - CAFETERIA						
1.00	DIETARY	10.00	948,171	938,953	0		1.00
	TOTALS		948,171	938,953			
	M - RENTAL PROPERTY DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	135,687	9		1.00
2.00	OPERATION OF PLANT	7.00	0	167,584	0		2.00
	TOTALS		0	303,271			
	N - UTILITIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,050	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	32,250	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,390	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	158,558	0		4.00
5.00	LABORATORY	60.00	0	6,390	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	44,735	0		6.00
7.00	AMBULANCE SERVICES	95.00	0	9,900	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	22,791	0		8.00
9.00	HOSPICE	116.00	0	15,447	0		9.00
10.00	PROMPTCARE	190.01	0	19,841	0		10.00
11.00	FOUNDATION	190.05	0	6,227	0		11.00
	TOTALS		0	327,579			
	O - ADVERTISING						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	824,419	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	1,615	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	4,466	0		3.00
4.00	OLCOTT	190.03	0	13,026	0		4.00
5.00	FOUNDATION	190.05	0	15,849	0		5.00
	TOTALS		0	859,375			
	P - BCC DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	43,935	9		1.00
	TOTALS		0	43,935			
	Q - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,402,947	0		1.00
	TOTALS		0	3,402,947			
	R - SEVERANCE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	46,885	0	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	27,487	0	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	5,558	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	378	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	4,434	0	0		5.00
6.00	LABORATORY	60.00	1,778	0	0		6.00
7.00	PHYSICAL THERAPY	66.00	556	0	0		7.00
8.00	EMERGENCY	91.00	3,696	0	0		8.00
9.00	HOME HEALTH AGENCY	101.00	609	0	0		9.00
	TOTALS		91,381	0			
	S - BILLING EXPENSE						
1.00	PROMPTCARE	190.01	170,927	0	0		1.00
	TOTALS		170,927	0			
	T - MOBILE MEDICAL COACH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	49,322	3,577	0		1.00
	TOTALS		49,322	3,577			
	U - INTERPRETER FEES						
1.00	NURSING ADMINISTRATION	13.00	0	39,708	0		1.00
	TOTALS		0	39,708			
	V - CTA RENT						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	172,711	10		1.00
	TOTALS		0	172,711			
	W - STD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,264	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	98,263	0	0		2.00
3.00	OPERATION OF PLANT	7.00	3,100	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	6,162	0	0		4.00
5.00	HOUSEKEEPING	9.00	7,991	0	0		5.00
6.00	DIETARY	10.00	15,290	0	0		6.00
7.00	CAFETERIA	11.00	173	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	15,501	0	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	96	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	9,528	0	0		10.00
11.00	CENTRAL STERILIZATION	18.01	8,865	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	121,128	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	5,994	0	0		13.00
14.00	SUBPROVIDER - IRF	41.00	9,281	0	0		14.00
15.00	NURSERY	43.00	721	0	0		15.00
16.00	OPERATING ROOM	50.00	24,851	0	0		16.00

RECLASSIFICATIONS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 3:35 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
17.00	CV SURGERY	50.01	1,258	0	0	17.00
18.00	RECOVERY ROOM	51.00	6,272	0	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	19,248	0	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	10,031	0	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	2,443	0	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,679	0	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	4,286	0	0	23.00
24.00	LABORATORY	60.00	35,501	0	0	24.00
25.00	RESPIRATORY THERAPY	65.00	1,527	0	0	25.00
26.00	PHYSICAL THERAPY	66.00	20,112	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	2,094	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	6,312	0	0	28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	13,906	0	0	29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	2,688	0	0	30.00
31.00	CARDIAC REHABILITATION	76.97	1,709	0	0	31.00
32.00	CLINIC	90.00	3,516	0	0	32.00
33.00	EMERGENCY	91.00	11,293	0	0	33.00
34.00	AMBULANCE SERVICES	95.00	8,000	0	0	34.00
35.00	HOME HEALTH AGENCY	101.00	26,950	0	0	35.00
36.00	HOSPICE	116.00	16,650	0	0	36.00
37.00	PROMPTCARE	190.01	4,270	0	0	37.00
38.00	OLCOTT	190.03	76	0	0	38.00
39.00	FOUNDATION	190.05	2,356	0	0	39.00
40.00	HME STORE	190.07	12,805	0	0	40.00
	TOTALS		550,190	0		
	X - ANTICOAGULATION					
1.00	CLINIC	90.00	336,463	20,294	0	1.00
	TOTALS		336,463	20,294		
	Y - PHYSICIAN LABORATORY					
1.00	LABORATORY	60.00	1,644,260	2,547,584	0	1.00
	TOTALS		1,644,260	2,547,584		
	Z - LIBERTY DRIVE BLDG RECLASS					
1.00	CAP REL COSTS-1965 BUILDING	1.02	0	39,566	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,820	9	2.00
	TOTALS		0	41,386		
500.00	Grand Total: Decreases		8,623,459	61,535,625		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I Date/Time Prepared: 5/30/2014 3:35 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,606,795	100,453	0	100,453	0	1.00
2.00	Land Improvements	2,063,565	0	0	0	0	2.00
3.00	Buildings and Fixtures	244,598,515	2,455,616	0	2,455,616	0	3.00
4.00	Building Improvements	2,593,182	3,500	0	3,500	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	96,850,366	4,266,671	0	4,266,671	2,111,033	6.00
7.00	HIT designated Assets	10,364,925	1,433,118	0	1,433,118	0	7.00
8.00	Subtotal (sum of lines 1-7)	376,077,348	8,259,358	0	8,259,358	2,111,033	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	376,077,348	8,259,358	0	8,259,358	2,111,033	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	19,707,248	0	1.00
2.00	Land Improvements	2,063,565	0	2.00
3.00	Buildings and Fixtures	247,054,131	0	3.00
4.00	Building Improvements	2,596,682	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	99,006,004	0	6.00
7.00	HIT designated Assets	11,798,043	0	7.00
8.00	Subtotal (sum of lines 1-7)	382,225,673	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	382,225,673	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II Date/Time Prepared: 5/30/2014 3:35 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	24,487	0	0	0	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	2,714,006	0	0	0	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	205,737	0	0	0	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	32,954	0	0	0	0	1.04
1.05	CAP REL COSTS-UTILITIES	31,460	0	0	0	0	1.05
1.06	CAP REL COSTS-WEGMILLER	10,897	0	0	0	0	1.06
1.07	CAP REL COSTS-CANCER	155,547	0	0	0	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	48,757	0	0	0	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	31,226	0	0	0	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	45,565	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	13,512,907	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,813,543	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-1947 BUILDING	0	24,487	1.01
1.02	CAP REL COSTS-1965 BUILDING	0	2,714,006	1.02
1.03	CAP REL COSTS-1983 BUILDING	0	205,737	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	32,954	1.04
1.05	CAP REL COSTS-UTILITIES	0	31,460	1.05
1.06	CAP REL COSTS-WEGMILLER	0	10,897	1.06
1.07	CAP REL COSTS-CANCER	0	155,547	1.07
1.08	CAP REL COSTS-PHNA BUILDING	0	48,757	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	31,226	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	45,565	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,512,907	2.00
3.00	Total (sum of lines 1-2)	0	16,813,543	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2014 3:35 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	2,481,764	0	2,481,764	0.006846	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	97,119,467	0	97,119,467	0.267902	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	26,508,765	0	26,508,765	0.073124	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	2,415,660	0	2,415,660	0.006664	0	1.04
1.05	CAP REL COSTS-UTILITIES	1,481,506	0	1,481,506	0.004087	0	1.05
1.06	CAP REL COSTS-WEGMILLER	1,517,356	0	1,517,356	0.004186	0	1.06
1.07	CAP REL COSTS-CANCER	4,100,754	0	4,100,754	0.011312	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	1,721,890	0	1,721,890	0.004750	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	723,796	0	723,796	0.001997	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	1,070,516	0	1,070,516	0.002953	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	223,376,952	0	223,376,952	0.616179	0	2.00
3.00	Total (sum of lines 1-2)	362,518,426	0	362,518,426	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	0	0	0	24,487	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	0	0	0	2,641,348	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	0	0	0	210,512	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	32,954	0	1.04
1.05	CAP REL COSTS-UTILITIES	0	0	0	31,460	0	1.05
1.06	CAP REL COSTS-WEGMILLER	0	0	0	10,897	0	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	155,547	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	0	0	0	71,616	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	31,226	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	45,565	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,078,750	2,498,824	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,334,362	2,498,824	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	0	0	0	0	24,487	1.01
1.02	CAP REL COSTS-1965 BUILDING	0	0	0	0	2,641,348	1.02
1.03	CAP REL COSTS-1983 BUILDING	-3,968	0	0	0	206,544	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	0	32,954	1.04
1.05	CAP REL COSTS-UTILITIES	0	0	0	0	31,460	1.05
1.06	CAP REL COSTS-WEGMILLER	-343	0	0	0	10,554	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	0	155,547	1.07
1.08	CAP REL COSTS-PHNA BUILDING	0	0	0	0	71,616	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	31,226	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	45,565	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	-7,194	436,489	33,357	731,273	17,771,499	2.00
3.00	Total (sum of lines 1-2)	-11,505	436,489	33,357	731,273	21,022,800	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 3:35 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-1947 BUILDING (chapter 2)		0	CAP REL COSTS-1947 BUILDING	1.01	0	1.01
1.02	Investment income - CAP REL COSTS-1965 BUILDING (chapter 2)		0	CAP REL COSTS-1965 BUILDING	1.02	0	1.02
1.03	Investment income - CAP REL COSTS-1983 BUILDING (chapter 2)		0	CAP REL COSTS-1983 BUILDING	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-MEDICAL ARTS (chapter 2)		0	CAP REL COSTS-MEDICAL ARTS	1.04	0	1.04
1.05	Investment income - CAP REL COSTS-UTILITIES (chapter 2)		0	CAP REL COSTS-UTILITIES	1.05	0	1.05
1.06	Investment income - CAP REL COSTS-WEGMILLER (chapter 2)		0	CAP REL COSTS-WEGMILLER	1.06	0	1.06
1.07	Investment income - CAP REL COSTS-CANCER (chapter 2)		0	CAP REL COSTS-CANCER	1.07	0	1.07
1.08	Investment income - CAP REL COSTS-PHNA BUILDING (chapter 2)		0	CAP REL COSTS-PHNA BUILDING	1.08	0	1.08
1.09	Investment income - CAP REL COSTS-PAIN MANAGEMENT (chapter 2)		0	CAP REL COSTS-PAIN MANAGEMENT	1.09	0	1.09
1.10	Investment income - CAP REL COSTS-WEST PROMPTCARE (chapter 2)		0	CAP REL COSTS-WEST PROMPTCARE	1.10	0	1.10
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-688,525	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,072,037			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-24,984	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	15,036,419			0	12.00
13.00	Laundry and linen service	A	-527,969	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-633,662	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	A	-104,523	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	A	-293,142	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-4,103	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 3:35 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	
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-1947 BUILDING		0	CAP REL COSTS-1947 BUILDING	1.01	0	26.01
26.02	Depreciation - CAP REL COSTS-1965 BUILDING		0	CAP REL COSTS-1965 BUILDING	1.02	0	26.02
26.03	Depreciation - CAP REL COSTS-1983 BUILDING		0	CAP REL COSTS-1983 BUILDING	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-MEDICAL ARTS		0	CAP REL COSTS-MEDICAL ARTS	1.04	0	26.04
26.05	Depreciation - CAP REL COSTS-UTILITIES		0	CAP REL COSTS-UTILITIES	1.05	0	26.05
26.06	Depreciation - CAP REL COSTS-WEGMILLER		0	CAP REL COSTS-WEGMILLER	1.06	0	26.06
26.07	Depreciation - CAP REL COSTS-CANCER		0	CAP REL COSTS-CANCER	1.07	0	26.07
26.08	Depreciation - CAP REL COSTS-PHNA BUILDING		0	CAP REL COSTS-PHNA BUILDING	1.08	0	26.08
26.09	Depreciation - CAP REL COSTS-PAIN MANAGEMENT		0	CAP REL COSTS-PAIN MANAGEMENT	1.09	0	26.09
26.10	Depreciation - CAP REL COSTS-WEST PROMPTCARE		0	CAP REL COSTS-WEST PROMPTCARE	1.10	0	26.10
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	AMBULANCE-EVENT SERVICES	B	-131,890	AMBULANCE SERVICES	95.00	0	33.00
33.01	BABY PHOTOGRAPH REVENUE	B	-10,118	NURSERY	43.00	0	33.01
33.02	CASH SALES	B	-120	PHYSICAL THERAPY	66.00	0	33.02
33.03	CASH SHORT AND OVER	B	-141	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	CASH SHORT AND OVER	B	111	DRUGS CHARGED TO PATIENTS	73.00	0	33.04
33.05	CASH SHORT AND OVER	B	1,937	DIETARY	10.00	0	33.05
33.06	CHILD CARE REVENUE	B	-167,629	CHILD CARE	4.01	0	33.06
33.07	COFFEE CART REVENUE	B	-156,633	CAFETERIA	11.00	0	33.07
33.08	E&T REVENUE	B	-31,166	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	E&T REVENUE	B	-3,950	CLINIC	90.00	0	33.09
33.10	E&T REVENUE - ACLS	B	395	OPERATING ROOM	50.00	0	33.10
33.11	ER FORM COMPLETION FEES	B	-30	EMERGENCY	91.00	0	33.11
33.12	FOOD SERVICES-CTR FOR BEH HEALTH	B	-34,309	CAFETERIA	11.00	0	33.12
33.13	I.S. SERVICE AGREEMENT	B	-545,926	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	INTEREST INCOME	B	-325	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.14
33.15	INTEREST INCOME	B	-536,721	CAP REL COSTS-1965 BUILDING	1.02	11	33.15
33.16	MEALS ON WHEELS	A	-310,083	DIETARY	10.00	0	33.16
33.17	MEDICAL STAFF APPLICATION FEE	B	-96,250	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	MISCELLANEOUS SALES	B	-9,118	HOME HEALTH AGENCY	101.00	0	33.18
33.19	MISCELLANEOUS SALES	B	-1,086	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	MISCELLANEOUS SALES	B	-14,422	ADULTS & PEDIATRICS	30.00	0	33.20
33.21	MISCELLANEOUS SALES	B	-13,514	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	MISCELLANEOUS SALES	B	-7,793	DRUGS CHARGED TO PATIENTS	73.00	0	33.22

ADJUSTMENTS TO EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 3:35 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	
33.23	OS SERVICE CONTRACTS	B	-252	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	33.23
33.24	OS SERVICE CONTRACTS	B	-2,500	PHYSICAL THERAPY	66.00	0	33.24
33.25	OS SERVICE CONTRACTS	B	-720	LABORATORY	60.00	0	33.25
33.26	OS SERVICE CONTRACTS	B	-27,062	RADIOLOGY-THERAPEUTIC	55.00	0	33.26
33.27	OS SERVICE CONTRACTS	B	-10,777	NURSING ADMINISTRATION	13.00	0	33.27
33.28	OS SERVICE CONTRACTS	B	-45,985	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.28
33.29	OS SERVICE CONTRACTS	B	-54,110	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	OS SERVICE CONTRACTS	B	-83,446	OPERATION OF PLANT	7.00	0	33.30
33.31	OS SERVICE CONTRACTS	B	-23	HOSPICE	116.00	0	33.31
33.32	OS SERVICE CONTRACTS	B	-13,897	HOME HEALTH AGENCY	101.00	0	33.32
33.33	OTHER REVENUE	B	-797	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	OUTSIDE CATERING	B	-11,108	CAFETERIA	11.00	0	33.34
33.36	PATIENT ACCOUNTS	B	-85	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37	PAYROLL	B	-2,527	ADMINISTRATIVE & GENERAL	5.00	0	33.37
33.39	PHYSICIAN BILLING OFFSET	B	-225,486	ELECTROCARDIOLOGY	69.00	0	33.39
33.40	PRENATAL TRAINING	B	-15,500	DELIVERY ROOM & LABOR ROOM	52.00	0	33.40
33.41	PUMP TRAINING	B	-1,500	CLINIC	90.00	0	33.41
33.42	REHAB SCHOOL CONTRACTS	B	-9,980	PHYSICAL THERAPY	66.00	0	33.42
33.43	RENTAL REIMBURSEMENT	B	-27,267	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	RISK MGMT INSURANCE	B	-165,010	ADMINISTRATIVE & GENERAL	5.00	0	33.44
33.45	SAFE ROUTES TO SCHOOL	B	-2,202	ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.47	SAFETY STORE REVENUE	B	-3,011	ADMINISTRATIVE & GENERAL	5.00	0	33.47
33.48	SALARY REVENUE-REIMBURSEMENT	B	-750	HOME HEALTH AGENCY	101.00	0	33.48
33.50	SALARY REVENUE-REIMBURSEMENT	B	-54,575	OPERATING ROOM	50.00	0	33.50
33.51	SALARY REVENUE-REIMBURSEMENT	B	-4,585	ADULTS & PEDIATRICS	30.00	0	33.51
33.52	SALARY REVENUE-REIMBURSEMENT	B	-1,783	EMERGENCY	91.00	0	33.52
33.53	SALARY REVENUE-REIMBURSEMENT	B	-500	PHYSICAL THERAPY	66.00	0	33.53
33.54	SALARY REVENUE-REIMBURSEMENT	B	-48,976	DRUGS CHARGED TO PATIENTS	73.00	0	33.54
33.55	SALARY REVENUE-REIMBURSEMENT	B	-37,471	ADMINISTRATIVE & GENERAL	5.00	0	33.55
33.56	SALARY REVENUE-REIMBURSEMENT	B	-138,871	RADIOLOGY-THERAPEUTIC	55.00	0	33.56
33.57	SALARY REVENUE-REIMBURSEMENT	B	-1,784	HOUSEKEEPING	9.00	0	33.57
33.58	SALARY REVENUE-REIMBURSEMENT	B	-750	DIETARY	10.00	0	33.58
33.59	SALARY REVENUE-REIMBURSEMENT	B	-1,000	LAUNDRY & LINEN SERVICE	8.00	0	33.59
33.60	SPECIAL PROJECTS	B	-4,851	ADMINISTRATIVE & GENERAL	5.00	0	33.60
33.61	SUNDRY	B	-21,141	ADMINISTRATIVE & GENERAL	5.00	0	33.61
33.62	TRAINING	B	-13,094	NURSING ADMINISTRATION	13.00	0	33.62
33.63	UNNECESSARY BORROWING	A	-1,034,190	INTEREST EXPENSE	113.00	0	33.63
33.65	GUEST MEALS	A	-908,669	CAFETERIA	11.00	0	33.65
33.66	PATIENT TELEPHONES	A	-106,876	ADMINISTRATIVE & GENERAL	5.00	0	33.66
33.67	PENSION ADJUSTMENT	A	3,787,159	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.67
33.68	UBI TAX	A	-250,000	LABORATORY	60.00	0	33.68
33.69	PRINT SHOP DEPRECIATION CARRYFORWARD	A	4,775	CAP REL COSTS-1983 BUILDING	1.03	9	33.69
33.70	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-WEGMILLER	1.06	11	33.70
33.71	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-1983 BUILDING	1.03	11	33.71
33.72	OTHER CARRYFORWARD ADJUSTMENTS	A	-33,092	CAP REL COSTS-1965 BUILDING	1.02	9	33.72
33.73	HHA USEFUL LIFE	A	22,859	CAP REL COSTS-PHNA BUILDING	1.08	9	33.73
33.74	IHHA & AHA LOBBYING COST	A	-11,702	ADMINISTRATIVE & GENERAL	5.00	0	33.74
33.75	DIETARY REVENUE	B	-21,043	DIETARY	10.00	0	33.75
33.76	DONATIONS	A	-3,000	ADMINISTRATIVE & GENERAL	5.00	0	33.76
33.77	LITIGATION SETTLEMENT	A	-5,000	ADMINISTRATIVE & GENERAL	5.00	0	33.77
33.78	UNALLOCATED REVENUE OFFSET	A	233,192	ADMINISTRATIVE & GENERAL	5.00	0	33.78
33.79	SUPPORT SERVICES	B	2,470	LABORATORY	60.00	0	33.79
33.81	MEDICAL STAFF RECRUITING	A	-60,559	ADMINISTRATIVE & GENERAL	5.00	0	33.81
33.82			0		0.00	0	33.82
33.83			0		0.00	0	33.83
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-802,670				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/30/2014 3:35 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	2.00	CAP REL COSTS-MVBLE EQUIP	MGMT SVC FEE EXPENSE	0	655,071	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MGMT SVC FEE EXPENSE	0	2,078,374	2.00
3.00	95.00	AMBULANCE SERVICES	IU HEALTH SOUTHERN IN PHYSIC	18,000	0	3.00
4.00	73.00	DRUGS CHARGED TO PATIENTS	RELATED PARTY PHARMACY SERVI	0	24,170	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP AL	1,402,356	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP AL	1,513,692	1,520,886	4.02
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	IU HEALTH HOME OFFICE EXP AL	2,653,017	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	IU HEALTH HOME OFFICE EXP AL	9,528,056	1,660,974	4.04
4.05	7.00	OPERATION OF PLANT	IU HEALTH HOME OFFICE EXP AL	1,804,802	0	4.05
4.06	9.00	HOUSEKEEPING	IU HEALTH HOME OFFICE EXP AL	269,514	0	4.06
4.07	11.00	CAFETERIA	IU HEALTH HOME OFFICE EXP AL	37,729	0	4.07
4.08	91.00	EMERGENCY	IU HEALTH SOUTHERN IN PHYSIC	4,925,653	0	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	MGMT SVC FEE EXPENSE	0	136,291	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	IU HEALTH SOUTHERN IN PHYSIC	0	1,040,634	4.10
4.11	0.00			0	0	4.11
5.00	0		0	22,152,819	7,116,400	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	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					
6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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

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.

(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: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/30/2014 3:35 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	-655,071	9		1.00
2.00	-2,078,374	0		2.00
3.00	18,000	0		3.00
4.00	-24,170	0		4.00
4.01	1,402,356	9		4.01
4.02	-7,194	11		4.02
4.03	2,653,017	0		4.03
4.04	7,867,082	0		4.04
4.05	1,804,802	0		4.05
4.06	269,514	0		4.06
4.07	37,729	0		4.07
4.08	4,925,653	0		4.08
4.09	-136,291	0		4.09
4.10	-1,040,634	0		4.10
4.11	0	0		4.11
5.00	15,036,419			5.00

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

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

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

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

6.00	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2014 3:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,509,364	1,509,364	0	171,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	499,999	499,999	0	204,100	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	868,627	868,627	0	204,100	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	1,438,035	1,438,035	0	171,400	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	4,167	4,167	0	152,100	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	762,950	762,950	0	200,300	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	536,000	536,000	0	231,100	0	7.00
8.00	91.00	EMERGENCY	4,608,476	4,608,476	0	171,400	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	29,725	29,725	0	171,400	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	74,300	74,300	0	231,100	0	10.00
11.00	60.00	LABORATORY	308,568	0	308,568	219,500	3,028	11.00
12.00	30.00	ADULTS & PEDIATRICS	452,154	417,876	34,278	142,500	316	12.00
13.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	572,993	529,554	43,439	142,500	400	13.00
14.00	30.00	ADULTS & PEDIATRICS	299,998	299,998	0	171,400	0	14.00
15.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	332,407	332,407	0	142,500	0	15.00
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	185,398	12,752	172,645	142,500	3,653	16.00
17.00	69.00	ELECTROCARDIOLOGY	101,223	101,223	0	142,500	0	17.00
18.00	60.00	LABORATORY	17,919	17,919	0	219,500	0	18.00
19.00	66.00	PHYSICAL THERAPY	0	0	0	171,400	0	19.00
200.00			12,602,303	12,043,372	558,930		7,397	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	319,541	15,977	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	21,649	1,082	0	0	0	12.00
13.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,404	1,370	0	0	0	13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	14.00
15.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	15.00
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	250,266	12,513	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
18.00	60.00	LABORATORY	0	0	0	0	0	18.00
19.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	19.00
200.00			618,860	30,942	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,509,364		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	499,999		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	868,627		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,438,035		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	4,167		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	762,950		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	536,000		7.00
8.00	91.00	EMERGENCY	0	0	0	4,608,476		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	29,725		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	74,300		10.00
11.00	60.00	LABORATORY	0	319,541	0	0		11.00
12.00	30.00	ADULTS & PEDIATRICS	0	21,649	12,629	430,505		12.00
13.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	27,404	16,035	545,589		13.00
14.00	30.00	ADULTS & PEDIATRICS	0	0	0	299,998		14.00
15.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	332,407		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2014 3:35 pm

	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		
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	250,266	0	12,753		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	101,223		17.00
18.00	60.00	LABORATORY	0	0	0	17,919		18.00
19.00	66.00	PHYSICAL THERAPY	0	0	0	0		19.00
200.00			0	618,860	28,664	12,072,037		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	CAP REL COSTS-1947 BUILDING	24,487	0	24,487			1.01
1.02	00102	CAP REL COSTS-1965 BUILDING	2,641,348	0	0	2,641,348		1.02
1.03	00103	CAP REL COSTS-1983 BUILDING	206,544	0	0	0	206,544	1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	32,954	0	0	0	0	1.04
1.05	00105	CAP REL COSTS-UTILITIES	31,460	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-WEGMILLER	10,554	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-CANCER	155,547	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	71,616	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	31,226	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	45,565	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP	17,771,499					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	47,518,709	0	0	0	0	4.00
4.01	00402	CHILD CARE	256,602	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	53,100,016	0	22,356	306,421	44,760	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	14,193,171	0	346	358,709	45,204	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	540,455	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,406,390	0	706	14,244	184	9.00
10.00	01000	DIETARY	1,878,782	0	0	55,244	0	10.00
11.00	01100	CAFETERIA	331,298	0	0	34,673	289	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,880,353	0	742	43,608	1,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	611,195	0	0	0	6,358	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,308,153	0	0	3,733	8,267	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	562,146	0	0	0	5,439	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,100,655	0	0	696,652	10,823	30.00
31.00	03100	INTENSIVE CARE UNIT	2,778,102	0	0	0	17,973	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,727,856	0	0	72,053	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,720,417	0	0	35,259	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,219,427	0	0	153,848	31,113	50.00
50.01	05001	CV SURGERY	628,385	0	0	29,731	0	50.01
51.00	05100	RECOVERY ROOM	947,027	0	0	0	6,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,879,087	0	0	204,992	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,246,587	0	0	99,960	5,870	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,289,974	0	0	62,378	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	747,869	0	0	7,993	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	529,174	0	0	0	3,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,498,101	0	0	38,382	0	59.00
60.00	06000	LABORATORY	8,565,796	0	337	89,976	717	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	4,191,844	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	36,912	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,962,046	0	0	6,594	362	65.00
66.00	06600	PHYSICAL THERAPY	7,943,245	0	0	0	10,305	66.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
			0	1.00	1.01	1.02	1.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	841,978	0	0	14,534	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	958,963	0	0	19,523	435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,291,878	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,402,947	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,175,520	0	0	34,489	0	73.00
74.00	07400	RENAL DIALYSIS	723,012	0	0	0	1,378	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	683,115	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	737,096	0	0	22,272	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	792,107	0	0	0	0	90.00
91.00	09100	EMERGENCY	6,055,665	0	0	156,881	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,767,056	0	0	39,123	6,209	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,023,530	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	4,417,506	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,492,947	0	24,487	2,601,272	206,544	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,587	0	190.00
190.01	19001	PROMPTCARE	3,908,148	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	303,271	0	0	14,978	0	190.02
190.03	19003	OLCOTT	262,629	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	623,287	0	0	0	0	190.04
190.05	19005	FOUNDATION	524,135	0	0	0	0	190.05
190.06	19006	MARKETING	859,375	0	0	0	0	190.06
190.07	19007	HME STORE	1,523,073	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	258,032	0	0	19,511	0	190.08
190.09	19010	CLINICAL TRIALS	413,818	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	307,168,715	0	24,487	2,641,348	206,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	32,954					1.04
1.05	00105	CAP REL COSTS-UTILITIES	0	31,460				1.05
1.06	00106	CAP REL COSTS-WEGMILLER	0	0	10,554			1.06
1.07	00107	CAP REL COSTS-CANCER	0	0	0	155,547		1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	0	71,616	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,170	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	13,036	14,597	9,360	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,772	184	30,715	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,091	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,010	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,966	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	124,832	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	468	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,217	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	293	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	
			1.04	1.05	1.06	1.07	1.08	
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	71,616	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,612	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,523	31,460	10,554	155,547	71,616	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	4,213	0	0	0	0	190.02
190.03	19003	OLCOTT	3,218	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,954	31,460	10,554	155,547	71,616	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
			1.09	1.10	2.00	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	31,226					1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	45,565				1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP			17,771,499			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	283,997	47,804,876		4.00
4.01	00402	CHILD CARE	0	0	173,925	0	430,527	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	4,152,318	8,316,309	73,283	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	2,122,478	1,215,522	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	254,895	240,742	0	8.00
9.00	00900	HOUSEKEEPING	0	0	68,847	678,623	0	9.00
10.00	01000	DIETARY	0	0	243,325	523,340	0	10.00
11.00	01100	CAFETERIA	0	0	118,800	387,063	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	332,153	1,463,912	18,320	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	71,769	201,805	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	118,602	750,915	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	61,404	171,063	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,443,653	8,353,892	50,381	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	202,889	994,563	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	240,107	491,428	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	117,496	638,330	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	876,179	2,289,852	32,061	50.00
50.01	05001	CV SURGERY	0	0	99,075	193,416	4,580	50.01
51.00	05100	RECOVERY ROOM	0	0	68,413	355,370	13,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	683,102	1,044,818	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	463,687	1,386,760	13,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	451,644	799,076	27,480	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	26,635	212,702	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	38,323	119,903	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	127,902	394,695	13,740	59.00
60.00	06000	LABORATORY	0	0	352,904	1,978,872	9,160	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	46,596	703,641	13,740	65.00
66.00	06600	PHYSICAL THERAPY	31,226	0	701,681	2,908,970	22,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
			1.09	1.10	2.00	4.00	4.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	53,368	318,320	9,160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	69,973	316,846	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	138,622	1,875,283	45,801	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,558	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	150,844	594,288	13,740	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	82,076	274,465	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	89,776	286,598	4,580	90.00
91.00	09100	EMERGENCY	0	0	522,781	1,993,847	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	279,437	910,594	4,580	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	327,711	1,758,031	4,580	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	294,975	1,146,572	13,740	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,226	0	16,967,920	46,290,426	389,306	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,619	0	0	190.00
190.01	19001	PROMPTCARE	0	45,565	283,306	1,192,286	36,641	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	54,296	98,490	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	127,289	160,943	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	126,361	6,803	0	190.07
190.08	19008	UNUSED SPACE	0	0	193,708	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	55,928	4,580	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,226	45,565	17,771,499	47,804,876	430,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	66,052,456	66,052,456				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	17,968,101	4,922,253	0	22,890,354		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,051,183	287,965	0	537,998	1,877,146	8.00
9.00	00900	HOUSEKEEPING	3,168,994	868,127	0	145,314	0	9.00
10.00	01000	DIETARY	2,700,691	739,838	0	513,578	9,873	10.00
11.00	01100	CAFETERIA	872,123	238,913	0	250,746	9,572	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,740,491	1,846,517	0	701,065	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	891,127	244,119	0	151,481	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,190,431	873,999	0	250,330	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	800,052	219,169	0	129,603	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,656,056	9,219,977	0	5,157,743	709,425	30.00
31.00	03100	INTENSIVE CARE UNIT	3,993,527	1,094,003	0	428,232	70,893	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,531,444	693,474	0	506,785	69,232	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,511,502	688,011	0	247,996	42,131	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,603,490	3,178,706	0	1,849,323	246,125	50.00
50.01	05001	CV SURGERY	955,187	261,668	0	209,115	0	50.01
51.00	05100	RECOVERY ROOM	1,390,610	380,949	0	144,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,811,999	1,318,218	0	1,441,802	85,979	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,218,570	1,703,540	0	978,690	94,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,755,384	1,302,709	0	953,270	22,354	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	995,199	272,629	0	56,217	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	690,795	189,239	0	80,887	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,072,820	567,837	0	269,958	49,731	59.00
60.00	06000	LABORATORY	10,998,230	3,012,899	0	744,863	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	4,191,844	1,148,331	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	36,912	10,112	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,734,196	749,017	0	98,348	0	65.00
66.00	06600	PHYSICAL THERAPY	11,618,327	3,182,771	0	1,481,017	82,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,237,653	339,048	0	112,642	33,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,365,740	374,136	0	147,689	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,291,878	7,476,446	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,402,947	932,217	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,269,715	6,100,655	0	292,586	0	73.00
74.00	07400	RENAL DIALYSIS	739,948	202,704	0	32,838	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,441,987	395,024	0	318,382	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,115,909	305,697	0	173,235	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,173,061	321,353	0	189,487	0	90.00
91.00	09100	EMERGENCY	8,729,174	2,391,305	0	1,103,418	269,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,006,999	1,097,693	0	589,798	57,533	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,185,468	2,242,360	0	691,688	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,878,405	1,610,354	0	622,595	14,883	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,040,625	63,003,982	0	21,603,116	1,867,075	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,206	6,631	0	39,298	0	190.00
190.01	19001	PROMPTCARE	5,465,946	1,497,363	0	597,966	10,071	190.01
190.02	19002	RENTAL PROPERTIES	322,462	88,337	0	0	0	190.02
190.03	19003	OLCOTT	418,633	114,682	0	114,601	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	623,287	170,746	0	0	0	190.04
190.05	19005	FOUNDATION	812,367	222,543	0	268,666	0	190.05
190.06	19006	MARKETING	859,375	235,421	0	0	0	190.06
190.07	19007	HME STORE	1,656,237	453,716	0	266,707	0	190.07
190.08	19008	UNUSED SPACE	471,251	129,096	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	474,326	129,939	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	307,168,715	66,052,456	0	22,890,354	1,877,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,182,435					9.00
10.00	01000	DIETARY	21,886	3,985,866				10.00
11.00	01100	CAFETERIA	10,655	0	1,382,009			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	49,041	0	9,337,114	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,503	0	12,417	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,759	0	39,866	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	8,063	0	9,919	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,872,360	3,352,800	326,444	0	4,091,156	30.00
31.00	03100	INTENSIVE CARE UNIT	138,800	267,403	37,567	0	470,809	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	170,189	365,663	20,875	0	261,623	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	288,543	0	19,285	0	241,691	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	141,968	0	84,859	0	1,063,498	50.00
50.01	05001	CV SURGERY	16,126	0	5,259	0	65,912	50.01
51.00	05100	RECOVERY ROOM	10,943	0	12,512	0	156,811	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420,144	0	35,960	0	450,673	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,842	0	56,156	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,446	0	27,925	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,927	0	6,836	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,959	0	4,620	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	91,862	0	13,659	0	0	59.00
60.00	06000	LABORATORY	22,749	0	100,497	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,446	0	22,900	0	0	65.00
66.00	06600	PHYSICAL THERAPY	66,520	0	103,825	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,012	0	12,004	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,325	0	11,992	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	76,887	0	55,953	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,592	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	16,840	0	211,047	75.01
76.97	07697	CARDIAC REHABILITATION	288	0	9,244	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,607	0	8,526	0	0	90.00
91.00	09100	EMERGENCY	527,268	0	75,301	0	943,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	47,422	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	64,952	0	814,017	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	20,446	0	45,175	0	566,157	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,178,115	3,985,866	1,337,831	0	9,337,114	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,320	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	35,319	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	3,343	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	5,516	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,182,435	3,985,866	1,382,009	0	9,337,114	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,308,647					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,360,385			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	467,915	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	59,334	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	37,363	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	39,700	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	400,993	0	0	50.00
50.01	05001	CV SURGERY	0	0	38,737	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	55,147	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	90,055	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	175,158	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	168,514	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	230,916	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	70,366	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	207,612	0	0	59.00
60.00	06000	LABORATORY	11,861	0	211,736	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	171,967	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,555	0	1,785	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	41,235	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	148,642	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	81,359	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	45,475	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,151,637	0	706,345	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	143,594	0	75,053	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	454,985	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9,744	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	9,567	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	7,770	0	0	90.00
91.00	09100	EMERGENCY	0	0	303,117	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	49,795	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,308,647	0	4,360,385	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,308,647	0	4,360,385	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.01	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	CENTRAL STERILIZATION	1,166,806					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,854	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,646	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,264	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,470	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,113,024	0	0	0	0	50.00
50.01	05001	CV SURGERY	20,580	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	480	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,401	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,715	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.01	19.00	20.00	21.00	22.00	
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,165,434	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	1,372	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,166,806	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	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-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	CENTRAL STERILIZATION						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	58,874,730	0	58,874,730		30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,562,214	0	6,562,214		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,658,912	0	4,658,912		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	4,081,329	0	4,081,329		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,681,986	0	19,681,986		50.00
50.01	05001	CV SURGERY	0	1,572,584	0	1,572,584		50.01
51.00	05100	RECOVERY ROOM	0	2,151,369	0	2,151,369		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,655,310	0	8,655,310		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,351,965	0	9,351,965		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,250,602	0	7,250,602		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	1,570,724	0	1,570,724		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,048,866	0	1,048,866		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,275,880	0	3,275,880		59.00
60.00	06000	LABORATORY	0	15,102,835	0	15,102,835		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	5,512,142	0	5,512,142		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	50,364	0	50,364		64.00
65.00	06500	RESPIRATORY THERAPY	0	3,667,857	0	3,667,857		65.00
66.00	06600	PHYSICAL THERAPY	0	16,683,176	0	16,683,176		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY	0	1,854,479	0	1,854,479		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,968,357	0	1,968,357		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,626,306	0	36,626,306		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,553,811	0	4,553,811		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,250,781	0	29,250,781		73.00
74.00	07400	RENAL DIALYSIS	0	987,826	0	987,826		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,383,280	0	2,383,280		75.01
76.97	07697	CARDIAC REHABILITATION	0	1,613,940	0	1,613,940		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	1,704,804	0	1,704,804		90.00
91.00	09100	EMERGENCY	0	14,342,803	0	14,342,803		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	5,849,240	0	5,849,240		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	11,998,485	0	11,998,485		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	8,758,015	0	8,758,015		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	291,644,972	0	291,644,972		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74,455	0	74,455		190.00
190.01	19001	PROMPTCARE	0	7,608,037	0	7,608,037		190.01
190.02	19002	RENTAL PROPERTIES	0	410,799	0	410,799		190.02
190.03	19003	OLCOTT	0	651,259	0	651,259		190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	794,033	0	794,033		190.04
190.05	19005	FOUNDATION	0	1,309,092	0	1,309,092		190.05
190.06	19006	MARKETING	0	1,094,796	0	1,094,796		190.06
190.07	19007	HME STORE	0	2,376,660	0	2,376,660		190.07
190.08	19008	UNUSED SPACE	0	600,347	0	600,347		190.08
190.09	19010	CLINICAL TRIALS	0	604,265	0	604,265		190.09
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	307,168,715	0	307,168,715		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
			0	1.00	1.01	1.02	1.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	22,356	306,421	44,760	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	346	358,709	45,204	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	706	14,244	184	9.00
10.00	01000	DIETARY	0	0	0	55,244	0	10.00
11.00	01100	CAFETERIA	0	0	0	34,673	289	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	742	43,608	1,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,358	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,733	8,267	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	5,439	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	696,652	10,823	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	17,973	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	72,053	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	35,259	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	153,848	31,113	50.00
50.01	05001	CV SURGERY	0	0	0	29,731	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	6,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	204,992	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	99,960	5,870	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	62,378	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	7,993	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,382	0	59.00
60.00	06000	LABORATORY	0	0	337	89,976	717	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,594	362	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	10,305	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
			0	1.00	1.01	1.02	1.03	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,534	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	19,523	435	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	34,489	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,378	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	22,272	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	156,881	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	39,123	6,209	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	24,487	2,601,272	206,544	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	5,587	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	303,271	0	0	14,978	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	256,212	0	0	19,511	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	559,483	0	24,487	2,641,348	206,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	
			1.04	1.05	1.06	1.07	1.08	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,170	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	13,036	14,597	9,360	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,772	184	30,715	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,091	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,010	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,966	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	124,832	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	468	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,217	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	293	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	
			1.04	1.05	1.06	1.07	1.08	
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	71,616	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,612	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,523	31,460	10,554	155,547	71,616	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	4,213	0	0	0	0	190.02
190.03	19003	OLCOTT	3,218	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,954	31,460	10,554	155,547	71,616	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	283,997	286,167	286,167	4.00
4.01	00402	CHILD CARE	0	0	173,925	173,925	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	0	4,152,318	4,562,848	49,792	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	2,122,478	2,559,408	7,278	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	254,895	269,986	1,441	8.00
9.00	00900	HOUSEKEEPING	0	0	68,847	83,981	4,063	9.00
10.00	01000	DIETARY	0	0	243,325	298,569	3,133	10.00
11.00	01100	CAFETERIA	0	0	118,800	153,762	2,317	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	332,153	377,906	8,765	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	71,769	78,127	1,208	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	118,602	131,363	4,496	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	61,404	66,843	1,024	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,443,653	3,151,128	49,962	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	202,889	220,862	5,955	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	240,107	312,160	2,942	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	117,496	152,755	3,822	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	876,179	1,062,150	13,710	50.00
50.01	05001	CV SURGERY	0	0	99,075	128,806	1,158	50.01
51.00	05100	RECOVERY ROOM	0	0	68,413	74,473	2,128	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	683,102	888,094	6,256	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	463,687	571,483	8,303	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	451,644	638,854	4,784	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	26,635	34,628	1,273	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	38,323	41,718	718	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	127,902	166,284	2,363	59.00
60.00	06000	LABORATORY	0	0	352,904	444,402	11,848	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	46,596	54,769	4,213	65.00
66.00	06600	PHYSICAL THERAPY	31,226	0	701,681	743,212	17,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
			1.09	1.10	2.00	2A	4.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	53,368	68,195	1,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	69,973	89,931	1,897	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	138,622	173,111	11,228	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,558	16,936	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	150,844	150,844	3,558	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	82,076	104,348	1,643	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	89,776	89,776	1,716	90.00
91.00	09100	EMERGENCY	0	0	522,781	679,662	11,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	279,437	324,769	5,452	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	327,711	399,327	10,526	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	294,975	300,587	6,865	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,226	0	16,967,920	20,126,149	277,098	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	18,619	24,206	0	190.00
190.01	19001	PROMPTCARE	0	45,565	283,306	328,871	7,139	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	322,462	0	190.02
190.03	19003	OLCOTT	0	0	54,296	57,514	590	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	127,289	127,289	964	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	126,361	126,361	41	190.07
190.08	19008	UNUSED SPACE	0	0	193,708	469,431	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	335	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	31,226	45,565	17,771,499	21,582,283	286,167	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE	173,925					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	29,603	4,642,243				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	345,940	0	2,912,626		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,238	0	68,456	360,121	8.00
9.00	00900	HOUSEKEEPING	0	61,013	0	18,490	0	9.00
10.00	01000	DIETARY	0	51,996	0	65,349	1,894	10.00
11.00	01100	CAFETERIA	0	16,791	0	31,906	1,836	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,401	129,775	0	89,205	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,157	0	19,275	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	61,425	0	31,853	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	15,403	0	16,491	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,353	648,009	0	656,286	136,100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	76,887	0	54,489	13,600	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	48,738	0	64,485	13,282	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	48,354	0	31,556	8,083	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,952	223,402	0	235,312	47,218	50.00
50.01	05001	CV SURGERY	1,850	18,390	0	26,608	0	50.01
51.00	05100	RECOVERY ROOM	5,551	26,773	0	18,373	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,645	0	183,459	16,495	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,551	119,726	0	124,531	18,035	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,102	91,555	0	121,296	4,288	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	19,161	0	7,153	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,300	0	10,292	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,551	39,908	0	34,350	9,541	59.00
60.00	06000	LABORATORY	3,701	211,749	0	94,778	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	80,706	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	711	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,551	52,641	0	12,514	0	65.00
66.00	06600	PHYSICAL THERAPY	9,251	223,688	0	188,448	15,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,701	23,829	0	14,333	6,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,295	0	18,792	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	525,451	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	65,517	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,503	428,759	0	37,229	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,246	0	4,178	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,551	27,763	0	40,512	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	21,485	0	22,043	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,850	22,585	0	24,111	0	90.00
91.00	09100	EMERGENCY	0	168,063	0	140,402	51,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,850	77,147	0	75,047	11,037	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,850	157,595	0	88,012	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,551	113,177	0	79,221	2,855	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	157,273	4,427,993	0	2,748,835	358,189	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	466	0	5,000	0	190.00
190.01	19001	PROMPTCARE	14,802	105,236	0	76,087	1,932	190.01
190.02	19002	RENTAL PROPERTIES	0	6,208	0	0	0	190.02
190.03	19003	OLCOTT	0	8,060	0	14,582	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	12,000	0	0	0	190.04
190.05	19005	FOUNDATION	0	15,641	0	34,186	0	190.05
190.06	19006	MARKETING	0	16,546	0	0	0	190.06
190.07	19007	HME STORE	0	31,888	0	33,936	0	190.07
190.08	19008	UNUSED SPACE	0	9,073	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	1,850	9,132	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	173,925	4,642,243	0	2,912,626	360,121	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	167,547					9.00
10.00	01000	DIETARY	877	421,818				10.00
11.00	01100	CAFETERIA	427	0	207,039			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	7,347	0	620,399	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	381	0	1,860	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	231	0	5,972	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	323	0	1,486	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,005	354,821	48,907	0	271,835	30.00
31.00	03100	INTENSIVE CARE UNIT	5,560	28,299	5,628	0	31,283	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,818	38,698	3,127	0	17,383	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,559	0	2,889	0	16,059	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,687	0	12,713	0	70,663	50.00
50.01	05001	CV SURGERY	646	0	788	0	4,379	50.01
51.00	05100	RECOVERY ROOM	438	0	1,874	0	10,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,831	0	5,387	0	29,945	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,041	0	8,413	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	819	0	4,183	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	358	0	1,024	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	519	0	692	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,680	0	2,046	0	0	59.00
60.00	06000	LABORATORY	911	0	15,055	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	819	0	3,431	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,665	0	15,554	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,523	0	1,798	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	934	0	1,797	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,080	0	8,382	0	0	73.00
74.00	07400	RENAL DIALYSIS	104	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,523	0	14,023	75.01
76.97	07697	CARDIAC REHABILITATION	12	0	1,385	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	185	0	1,277	0	0	90.00
91.00	09100	EMERGENCY	21,122	0	11,281	0	62,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	7,104	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	9,730	0	54,087	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	819	0	6,768	0	37,618	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	167,374	421,818	200,421	0	620,399	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	173	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	5,291	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	501	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	826	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	167,547	421,818	207,039	0	620,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	118,008					14.00
15.00	01500	PHARMACY	0	0				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	235,340			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	25,300	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,208	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,020	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	2,147	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	21,681	0	0	50.00
50.01	05001	CV SURGERY	0	0	2,094	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	2,982	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,869	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,471	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,111	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	12,485	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,805	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,225	0	0	59.00
60.00	06000	LABORATORY	1,070	0	11,448	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	9,298	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	140	0	97	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,230	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,037	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
			14.00	15.00	16.00	17.00	18.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	4,399	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,459	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	103,850	0	37,770	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,948	0	4,058	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,601	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	527	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	517	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	420	0	0	90.00
91.00	09100	EMERGENCY	0	0	16,389	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	2,692	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118,008	0	235,340	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	118,008	0	235,340	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.01	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	CENTRAL STERILIZATION	101,570					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,815					30.00
31.00	03100	INTENSIVE CARE UNIT	143					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	197					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	215					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
45.00	04500	NURSING FACILITY	0					45.00
46.00	04600	OTHER LONG TERM CARE	0					46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	96,890					50.00
50.01	05001	CV SURGERY	1,791					50.01
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
57.00	05700	CT SCAN	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	209					59.00
60.00	06000	LABORATORY	0					60.00
60.01	06001	BLOOD LABORATORY	0					60.01
60.02	06002	PHYSICIAN LABORATORY	0					60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	149					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.01	19.00	20.00	21.00	22.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0					75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0					75.01
76.97	07697	CARDIAC REHABILITATION	0					76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
95.00	09500	AMBULANCE SERVICES	0					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0					97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0					98.00
99.00	09900	CMHC	0					99.00
99.10	09910	CORF	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
101.00	10100	HOME HEALTH AGENCY	0					101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0					110.00
111.00	11100	ISLET ACQUISITION	0					111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,451	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001	PROMPTCARE	119					190.01
190.02	19002	RENTAL PROPERTIES	0					190.02
190.03	19003	OLCOTT	0					190.03
190.04	19004	PHYSICIAN RECRUITMENT	0					190.04
190.05	19005	FOUNDATION	0					190.05
190.06	19006	MARKETING	0					190.06
190.07	19007	HME STORE	0					190.07
190.08	19008	UNUSED SPACE	0					190.08
190.09	19010	CLINICAL TRIALS	0					190.09
191.00	19100	RESEARCH	0					191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
193.00	19300	NONPAID WORKERS	0					193.00
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	101,570	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	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-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	CENTRAL STERILIZATION						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		5,439,521	0	5,439,521		30.00
31.00	03100	INTENSIVE CARE UNIT		445,914	0	445,914		31.00
32.00	03200	CORONARY CARE UNIT		0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF		509,850	0	509,850		41.00
42.00	04200	SUBPROVIDER		0	0	0		42.00
43.00	04300	NURSERY		277,439	0	277,439		43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0		44.00
45.00	04500	NURSING FACILITY		0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0		46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,802,378	0	1,802,378		50.00
50.01	05001	CV SURGERY		186,510	0	186,510		50.01
51.00	05100	RECOVERY ROOM		143,011	0	143,011		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,244,023	0	1,244,023		52.00
53.00	05300	ANESTHESIOLOGY		0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		870,554	0	870,554		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		885,992	0	885,992		55.00
56.00	05600	RADIOISOTOPE		0	0	0		56.00
57.00	05700	CT SCAN		76,082	0	76,082		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		71,044	0	71,044		58.00
59.00	05900	CARDIAC CATHETERIZATION		275,157	0	275,157		59.00
60.00	06000	LABORATORY		794,962	0	794,962		60.00
60.01	06001	BLOOD LABORATORY		0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY		90,004	0	90,004		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY		948	0	948		64.00
65.00	06500	RESPIRATORY THERAPY		136,317	0	136,317		65.00
66.00	06600	PHYSICAL THERAPY		1,224,018	0	1,224,018		66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0		68.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
69.00	06900	ELECTROCARDIOLOGY		126,161	0	126,161		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		142,105	0	142,105		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		667,071	0	667,071		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		82,523	0	82,523		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		704,893	0	704,893		73.00
74.00	07400	RENAL DIALYSIS		35,991	0	35,991		74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		244,774	0	244,774		75.01
76.97	07697	CARDIAC REHABILITATION		151,433	0	151,433		76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0		89.00
90.00	09000	CLINIC		141,920	0	141,920		90.00
91.00	09100	EMERGENCY		1,163,264	0	1,163,264		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0		94.00
95.00	09500	AMBULANCE SERVICES		505,098	0	505,098		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS		0	0	0		98.00
99.00	09900	CMHC		0	0	0		99.00
99.10	09910	CORF		0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY		721,127	0	721,127		101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		0	0	0		105.00
106.00	10600	HEART ACQUISITION		0	0	0		106.00
107.00	10700	LIVER ACQUISITION		0	0	0		107.00
108.00	10800	LUNG ACQUISITION		0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	11100	ISLET ACQUISITION		0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0		115.00
116.00	11600	HOSPICE		553,461	0	553,461		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	19,713,545	0	19,713,545		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,845	0	29,845		190.00
190.01	19001	PROMPTCARE		539,477	0	539,477		190.01
190.02	19002	RENTAL PROPERTIES		328,670	0	328,670		190.02
190.03	19003	OLCOTT		81,247	0	81,247		190.03
190.04	19004	PHYSICIAN RECRUITMENT		12,000	0	12,000		190.04
190.05	19005	FOUNDATION		178,906	0	178,906		190.05
190.06	19006	MARKETING		16,546	0	16,546		190.06
190.07	19007	HME STORE		192,226	0	192,226		190.07
190.08	19008	UNUSED SPACE		478,504	0	478,504		190.08
190.09	19010	CLINICAL TRIALS		11,317	0	11,317		190.09
191.00	19100	RESEARCH		0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	21,582,283	0	21,582,283		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	CAP REL COSTS-1947 BUILDING	0	21,795				1.01
1.02	00102	CAP REL COSTS-1965 BUILDING	0	0	445,800			1.02
1.03	00103	CAP REL COSTS-1983 BUILDING	0	0	0	118,094		1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS	0	0	0	0	28,160	1.04
1.05	00105	CAP REL COSTS-UTILITIES	0	0	0	0	0	1.05
1.06	00106	CAP REL COSTS-WEGMILLER	0	0	0	0	0	1.06
1.07	00107	CAP REL COSTS-CANCER	0	0	0	0	0	1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	0	0	1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	0	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	1,854	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	19,899	51,717	25,592	11,140	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	308	60,542	25,847	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	628	2,404	105	0	9.00
10.00	01000	DIETARY	0	0	9,324	0	0	10.00
11.00	01100	CAFETERIA	0	0	5,852	165	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	660	7,360	802	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,635	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	630	4,727	650	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	3,110	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	117,579	6,188	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	10,276	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,161	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	5,951	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	25,966	17,789	0	50.00
50.01	05001	CV SURGERY	0	0	5,018	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	3,465	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	34,598	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	16,871	3,356	1,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,528	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	1,349	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,941	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,478	0	0	59.00
60.00	06000	LABORATORY	0	300	15,186	410	400	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,113	207	1,040	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,892	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,453	0	250	69.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,295	249	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	5,821	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	788	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	3,759	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	26,478	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	6,603	3,550	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	4,796	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,795	439,036	118,094	21,810	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	943	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	2,528	0	3,600	190.02
190.03	19003	OLCOTT	0	0	0	0	2,750	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	3,293	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	24,487	2,641,348	206,544	32,954	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.123515	5.924962	1.748980	1.170241	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

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		Cost Center Description	CAPITAL RELATED COSTS					
			UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES	26,914					1.05
1.06	00106	CAP REL COSTS-WEGMILLER	0	6,497				1.06
1.07	00107	CAP REL COSTS-CANCER	0	0	15,385			1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING	0	0	0	15,158		1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	3,000	1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
4.01	00402	CHILD CARE	0	0	0	0	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	12,488	5,762	0	0	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,516	113	3,038	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,910	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	622	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	12,347	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)	
			1.05	1.06	1.07	1.08	1.09	
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	15,158	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,914	6,497	15,385	15,158	3,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	31,460	10,554	155,547	71,616	31,226	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.168908	1.624442	10.110302	4.724634	10.408667	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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS WEST PROMPTCARE (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
			1.10	2.00	4.00	4.01	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE	8,568					1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP		900,097				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	14,384	124,389,464			4.00
4.01	00402	CHILD CARE	0	8,809	0	94		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	0	210,308	21,639,247	16	-66,052,456	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	107,500	3,162,820	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,910	626,417	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,487	1,765,793	0	0	9.00
10.00	01000	DIETARY	0	12,324	1,361,744	0	0	10.00
11.00	01100	CAFETERIA	0	6,017	1,007,148	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	16,823	3,809,135	4	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,635	525,101	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,007	1,953,899	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	3,110	445,109	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	123,767	21,737,006	11	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,276	2,587,879	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	12,161	1,278,707	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,951	1,660,951	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	44,377	5,958,254	7	0	50.00
50.01	05001	CV SURGERY	0	5,018	503,274	1	0	50.01
51.00	05100	RECOVERY ROOM	0	3,465	924,683	3	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,598	2,718,643	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,485	3,608,384	3	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,875	2,079,215	6	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,349	553,455	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,941	311,990	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,478	1,027,007	3	0	59.00
60.00	06000	LABORATORY	0	17,874	5,149,074	2	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,360	1,830,893	3	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,539	7,569,213	5	0	66.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	CAPITAL RELATED COSTS WEST PROMPTCARE (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
			1.10	2.00	4.00	4.01	5A	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,703	828,276	2	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,544	824,441	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	7,021	4,879,534	10	0	73.00
74.00	07400	RENAL DIALYSIS	0	788	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,640	1,546,352	3	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	4,157	714,165	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	4,547	745,736	1	0	90.00
91.00	09100	EMERGENCY	0	26,478	5,188,040	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	14,153	2,369,389	1	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	16,598	4,574,441	1	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	14,940	2,983,410	3	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	859,397	120,448,825	85	-66,052,456	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	943	0	0	0	190.00
190.01	19001	PROMPTCARE	8,568	14,349	3,102,359	8	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	2,750	256,273	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	6,447	418,779	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	6,400	17,701	0	0	190.07
190.08	19008	UNUSED SPACE	0	9,811	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	145,527	1	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	45,565	17,771,499	47,804,876	430,527		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.318044	19.743982	0.384316	4,580.074468		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			286,167	173,925		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002301	1,850.265957		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	241,116,259					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	17,968,101	0	549,285			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,051,183	0	12,910	1,961,220		8.00
9.00	00900	HOUSEKEEPING	3,168,994	0	3,487	0	14,524	9.00
10.00	01000	DIETARY	2,700,691	0	12,324	10,315	76	10.00
11.00	01100	CAFETERIA	872,123	0	6,017	10,001	37	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,740,491	0	16,823	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	891,127	0	3,635	0	33	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,190,431	0	6,007	0	20	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	800,052	0	3,110	0	28	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	33,656,056	0	123,767	741,200	6,502	30.00
31.00	03100	INTENSIVE CARE UNIT	3,993,527	0	10,276	74,068	482	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,531,444	0	12,161	72,333	591	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,511,502	0	5,951	44,018	1,002	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,603,490	0	44,377	257,148	493	50.00
50.01	05001	CV SURGERY	955,187	0	5,018	0	56	50.01
51.00	05100	RECOVERY ROOM	1,390,610	0	3,465	0	38	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,811,999	0	34,598	89,830	1,459	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,218,570	0	23,485	98,219	437	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,755,384	0	22,875	23,355	71	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	995,199	0	1,349	0	31	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	690,795	0	1,941	0	45	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,072,820	0	6,478	51,958	319	59.00
60.00	06000	LABORATORY	10,998,230	0	17,874	0	79	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	4,191,844	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	36,912	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,734,196	0	2,360	0	71	65.00
66.00	06600	PHYSICAL THERAPY	11,618,327	0	35,539	85,750	231	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,237,653	0	2,703	35,273	132	69.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,365,740	0	3,544	0	81	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,291,878	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,402,947	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,269,715	0	7,021	0	267	73.00
74.00	07400	RENAL DIALYSIS	739,948	0	788	0	9	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,441,987	0	7,640	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,115,909	0	4,157	0	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,173,061	0	4,547	0	16	90.00
91.00	09100	EMERGENCY	8,729,174	0	26,478	281,570	1,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,006,999	0	14,153	60,110	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,185,468	0	16,598	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	5,878,405	0	14,940	15,550	71	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	229,988,169	0	518,396	1,950,698	14,509	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,206	0	943	0	15	190.00
190.01	19001	PROMPTCARE	5,465,946	0	14,349	10,522	0	190.01
190.02	19002	RENTAL PROPERTIES	322,462	0	0	0	0	190.02
190.03	19003	OLCOTT	418,633	0	2,750	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	623,287	0	0	0	0	190.04
190.05	19005	FOUNDATION	812,367	0	6,447	0	0	190.05
190.06	19006	MARKETING	859,375	0	0	0	0	190.06
190.07	19007	HME STORE	1,656,237	0	6,400	0	0	190.07
190.08	19008	UNUSED SPACE	471,251	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	474,326	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	66,052,456	0	22,890,354	1,877,146	4,182,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.273944	0.000000	41.673000	0.957132	287.967158	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,642,243	0	2,912,626	360,121	167,547	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019253	0.000000	5.302577	0.183621	11.535872	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	239,939					10.00
11.00	01100	CAFETERIA	0	3,453,396				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	122,546	0	1,861,694		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,028	0	0	31,012,789	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	99,619	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	24,785	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	201,830	815,721	0	815,721	0	30.00
31.00	03100	INTENSIVE CARE UNIT	16,097	93,873	0	93,873	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,012	52,164	0	52,164	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	48,190	0	48,190	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	212,047	0	212,047	0	50.00
50.01	05001	CV SURGERY	0	13,142	0	13,142	0	50.01
51.00	05100	RECOVERY ROOM	0	31,266	0	31,266	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	89,858	0	89,858	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,324	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,780	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	17,081	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,544	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	34,131	0	0	0	59.00
60.00	06000	LABORATORY	0	251,125	0	0	281,090	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	36,850	64.00
65.00	06500	RESPIRATORY THERAPY	0	57,224	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	259,440	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
			10.00	11.00	12.00	13.00	14.00	
69.00	06900	ELECTROCARDIOLOGY	0	29,995	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	29,967	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,291,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,402,947	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	139,816	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	42,080	0	42,080	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	23,099	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	21,306	0	0	0	90.00
91.00	09100	EMERGENCY	0	188,165	0	188,165	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	118,499	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	162,304	0	162,304	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	112,884	0	112,884	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	239,939	3,343,003	0	1,861,694	31,012,789	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	88,257	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	8,353	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	13,783	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,985,866	1,382,009	0	9,337,114	1,308,647	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.611997	0.400188	0.000000	5.015386	0.042197	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	421,818	207,039	0	620,399	118,008	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.758022	0.059952	0.000000	0.333244	0.003805	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (SALARIES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	
			15.00	16.00	17.00	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	0					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	810,104,448				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01	01851	CENTRAL STERILIZATION	0	0	0	0	17,009	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	86,940,793	0	0	304	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,024,613	0	0	24	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	6,942,258	0	0	33	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,376,411	0	0	36	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,506,226	0	0	16,225	50.00
50.01	05001	CV SURGERY	0	7,197,445	0	0	300	50.01
51.00	05100	RECOVERY ROOM	0	10,246,607	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,732,574	0	0	7	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,545,182	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,310,696	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	42,905,255	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,074,261	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,575,334	0	0	35	59.00
60.00	06000	LABORATORY	0	39,341,509	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	31,952,300	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	331,733	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,661,708	0	0	25	65.00
66.00	06600	PHYSICAL THERAPY	0	27,618,429	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (SALARIES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	
			15.00	16.00	17.00	18.00	18.01	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,116,901	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,449,420	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,167,167	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,945,097	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,538,296	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,810,439	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,777,543	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,443,757	0	0	0	90.00
91.00	09100	EMERGENCY	0	56,320,425	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	9,252,069	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	810,104,448	0	0	16,989	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	20	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,360,385	0	0	1,166,806	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.005382	0.000000	0.000000	68.599330	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	235,340	0	0	101,570	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000291	0.000000	0.000000	5.971544	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-1947 BUILDING						1.01
1.02	00102	CAP REL COSTS-1965 BUILDING						1.02
1.03	00103	CAP REL COSTS-1983 BUILDING						1.03
1.04	00104	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	00105	CAP REL COSTS-UTILITIES						1.05
1.06	00106	CAP REL COSTS-WEGMILLER						1.06
1.07	00107	CAP REL COSTS-CANCER						1.07
1.08	00108	CAP REL COSTS-PHNA BUILDING						1.08
1.09	00109	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	00110	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00402	CHILD CARE						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	CENTRAL STERILIZATION						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	0	42.00
43.00	04300	NURSERY		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
			19.00	20.00	21.00	22.00	23.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	PROMPTCARE	0	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19010	CLINICAL TRIALS	0	0	0	0	0	190.09
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XVIII)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,874,730		58,874,730	12,629	58,887,359	30.00
31.00	03100	INTENSIVE CARE UNIT	6,562,214		6,562,214	0	6,562,214	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,658,912		4,658,912	0	4,658,912	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,081,329		4,081,329	0	4,081,329	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,681,986		19,681,986	0	19,681,986	50.00
50.01	05001	CV SURGERY	1,572,584		1,572,584	0	1,572,584	50.01
51.00	05100	RECOVERY ROOM	2,151,369		2,151,369	0	2,151,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,655,310		8,655,310	0	8,655,310	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,351,965		9,351,965	0	9,351,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,250,602		7,250,602	0	7,250,602	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,570,724		1,570,724	0	1,570,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048,866		1,048,866	0	1,048,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,275,880		3,275,880	0	3,275,880	59.00
60.00	06000	LABORATORY	15,102,835		15,102,835	0	15,102,835	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	5,512,142		5,512,142	0	5,512,142	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	50,364		50,364	0	50,364	64.00
65.00	06500	RESPIRATORY THERAPY	3,667,857	0	3,667,857	0	3,667,857	65.00
66.00	06600	PHYSICAL THERAPY	16,683,176	0	16,683,176	0	16,683,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,854,479		1,854,479	0	1,854,479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,968,357		1,968,357	0	1,968,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,626,306		36,626,306	0	36,626,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,553,811		4,553,811	0	4,553,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,250,781		29,250,781	0	29,250,781	73.00
74.00	07400	RENAL DIALYSIS	987,826		987,826	0	987,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,383,280		2,383,280	16,035	2,399,315	75.01
76.97	07697	CARDIAC REHABILITATION	1,613,940		1,613,940	0	1,613,940	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,704,804		1,704,804	0	1,704,804	90.00
91.00	09100	EMERGENCY	14,342,803		14,342,803	0	14,342,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,589,021		3,589,021		3,589,021	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,849,240		5,849,240	0	5,849,240	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	11,998,485		11,998,485		11,998,485	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	8,758,015		8,758,015		8,758,015	116.00
200.00		Subtotal (see instructions)	295,233,993	0	295,233,993	28,664	295,262,657	200.00
201.00		Less Observation Beds	3,589,021		3,589,021		3,589,021	201.00
202.00		Total (see instructions)	291,644,972	0	291,644,972	28,664	291,673,636	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,617,797		82,617,797			30.00
31.00	03100	INTENSIVE CARE UNIT	11,024,613		11,024,613			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	6,942,258		6,942,258			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,376,411		7,376,411			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,082,846	45,423,380	74,506,226	0.264166	0.000000	50.00
50.01	05001	CV SURGERY	7,112,385	85,060	7,197,445	0.218492	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,025,731	7,220,876	10,246,607	0.209959	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,410,920	1,321,654	16,732,574	0.517273	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,709,624	24,835,558	32,545,182	0.287353	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,499,638	29,811,058	31,310,696	0.231569	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	8,707,846	34,197,409	42,905,255	0.036609	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,130,956	9,943,305	13,074,261	0.080224	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,568,191	24,007,143	38,575,334	0.084922	0.000000	59.00
60.00	06000	LABORATORY	30,583,027	31,099,543	61,682,570	0.244848	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	9,611,239	0.573510	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	207,849	123,884	331,733	0.151821	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,508,143	1,153,565	7,661,708	0.478726	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,582,570	19,035,859	27,618,429	0.604060	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,874,387	10,242,514	15,116,901	0.122676	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,687,395	6,762,025	8,449,420	0.232958	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,383,616	57,783,551	131,167,167	0.279234	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,960,079	10,985,018	13,945,097	0.326553	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,189,315	44,348,981	84,538,296	0.346006	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,810,439	0	1,810,439	0.545628	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	1,526,131	1.561648	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	339,663	1,437,880	1,777,543	0.907961	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	114,927	1,328,830	1,443,757	1.180811	0.000000	90.00
91.00	09100	EMERGENCY	11,020,762	45,299,663	56,320,425	0.254664	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	4,322,996	0.830216	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	9,252,069	9,252,069	0.632209	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	5,996,989	5,996,989			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	6,184,082	6,184,082			116.00
200.00		Subtotal (see instructions)	380,471,388	443,340,262	823,811,650			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	380,471,388	443,340,262	823,811,650			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 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
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.264166		50.00
50.01	05001	CV SURGERY	0.218492		50.01
51.00	05100	RECOVERY ROOM	0.209959		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.036609		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922		59.00
60.00	06000	LABORATORY	0.244848		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821		64.00
65.00	06500	RESPIRATORY THERAPY	0.478726		65.00
66.00	06600	PHYSICAL THERAPY	0.604060		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006		73.00
74.00	07400	RENAL DIALYSIS	0.545628		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155		75.01
76.97	07697	CARDIAC REHABILITATION	0.907961		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	1.180811		90.00
91.00	09100	EMERGENCY	0.254664		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.632209		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs (Title XIX)	Costs: RCE Disallowance (Hospital)	Costs: Total Costs (PPS)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,874,730		58,874,730	12,629	58,887,359	30.00
31.00	03100	INTENSIVE CARE UNIT	6,562,214		6,562,214	0	6,562,214	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,658,912		4,658,912	0	4,658,912	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,081,329		4,081,329	0	4,081,329	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,681,986		19,681,986	0	19,681,986	50.00
50.01	05001	CV SURGERY	1,572,584		1,572,584	0	1,572,584	50.01
51.00	05100	RECOVERY ROOM	2,151,369		2,151,369	0	2,151,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,655,310		8,655,310	0	8,655,310	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,351,965		9,351,965	0	9,351,965	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,250,602		7,250,602	0	7,250,602	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,570,724		1,570,724	0	1,570,724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048,866		1,048,866	0	1,048,866	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,275,880		3,275,880	0	3,275,880	59.00
60.00	06000	LABORATORY	15,102,835		15,102,835	0	15,102,835	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	5,512,142		5,512,142	0	5,512,142	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	50,364		50,364	0	50,364	64.00
65.00	06500	RESPIRATORY THERAPY	3,667,857	0	3,667,857	0	3,667,857	65.00
66.00	06600	PHYSICAL THERAPY	16,683,176	0	16,683,176	0	16,683,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,854,479		1,854,479	0	1,854,479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,968,357		1,968,357	0	1,968,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,626,306		36,626,306	0	36,626,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,553,811		4,553,811	0	4,553,811	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,250,781		29,250,781	0	29,250,781	73.00
74.00	07400	RENAL DIALYSIS	987,826		987,826	0	987,826	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,383,280		2,383,280	16,035	2,399,315	75.01
76.97	07697	CARDIAC REHABILITATION	1,613,940		1,613,940	0	1,613,940	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,704,804		1,704,804	0	1,704,804	90.00
91.00	09100	EMERGENCY	14,342,803		14,342,803	0	14,342,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,589,021		3,589,021		3,589,021	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,849,240		5,849,240	0	5,849,240	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	11,998,485		11,998,485		11,998,485	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Hospital	PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	8,758,015		8,758,015		8,758,015	116.00
200.00		Subtotal (see instructions)	295,233,993	0	295,233,993	28,664	295,262,657	200.00
201.00		Less Observation Beds	3,589,021		3,589,021		3,589,021	201.00
202.00		Total (see instructions)	291,644,972	0	291,644,972	28,664	291,673,636	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,617,797		82,617,797			30.00
31.00	03100	INTENSIVE CARE UNIT	11,024,613		11,024,613			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	6,942,258		6,942,258			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,376,411		7,376,411			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	29,082,846	45,423,380	74,506,226	0.264166	0.000000	50.00
50.01	05001	CV SURGERY	7,112,385	85,060	7,197,445	0.218492	0.000000	50.01
51.00	05100	RECOVERY ROOM	3,025,731	7,220,876	10,246,607	0.209959	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,410,920	1,321,654	16,732,574	0.517273	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,709,624	24,835,558	32,545,182	0.287353	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,499,638	29,811,058	31,310,696	0.231569	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	8,707,846	34,197,409	42,905,255	0.036609	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,130,956	9,943,305	13,074,261	0.080224	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,568,191	24,007,143	38,575,334	0.084922	0.000000	59.00
60.00	06000	LABORATORY	30,583,027	31,099,543	61,682,570	0.244848	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	9,611,239	0.573510	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	207,849	123,884	331,733	0.151821	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,508,143	1,153,565	7,661,708	0.478726	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,582,570	19,035,859	27,618,429	0.604060	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,874,387	10,242,514	15,116,901	0.122676	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,687,395	6,762,025	8,449,420	0.232958	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	73,383,616	57,783,551	131,167,167	0.279234	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,960,079	10,985,018	13,945,097	0.326553	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,189,315	44,348,981	84,538,296	0.346006	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,810,439	0	1,810,439	0.545628	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	1,526,131	1.561648	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	339,663	1,437,880	1,777,543	0.907961	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	114,927	1,328,830	1,443,757	1.180811	0.000000	90.00
91.00	09100	EMERGENCY	11,020,762	45,299,663	56,320,425	0.254664	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	4,322,996	0.830216	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	9,252,069	9,252,069	0.632209	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	5,996,989	5,996,989			101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 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	10.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	6,184,082	6,184,082			116.00
200.00		Subtotal (see instructions)	380,471,388	443,340,262	823,811,650			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	380,471,388	443,340,262	823,811,650			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 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
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.264166		50.00
50.01	05001	CV SURGERY	0.218492		50.01
51.00	05100	RECOVERY ROOM	0.209959		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.036609		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922		59.00
60.00	06000	LABORATORY	0.244848		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821		64.00
65.00	06500	RESPIRATORY THERAPY	0.478726		65.00
66.00	06600	PHYSICAL THERAPY	0.604060		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006		73.00
74.00	07400	RENAL DIALYSIS	0.545628		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155		75.01
76.97	07697	CARDIAC REHABILITATION	0.907961		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.180811		90.00
91.00	09100	EMERGENCY	0.254664		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.632209		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150051

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

Worksheet C Part II Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	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	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,681,986	1,802,378	17,879,608	0	0	50.00
50.01	05001	CV SURGERY	1,572,584	186,510	1,386,074	0	0	50.01
51.00	05100	RECOVERY ROOM	2,151,369	143,011	2,008,358	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,655,310	1,244,023	7,411,287	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,351,965	870,554	8,481,411	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,250,602	885,992	6,364,610	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,570,724	76,082	1,494,642	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048,866	71,044	977,822	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,275,880	275,157	3,000,723	0	0	59.00
60.00	06000	LABORATORY	15,102,835	794,962	14,307,873	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	5,512,142	90,004	5,422,138	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	50,364	948	49,416	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,667,857	136,317	3,531,540	0	0	65.00
66.00	06600	PHYSICAL THERAPY	16,683,176	1,224,018	15,459,158	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,854,479	126,161	1,728,318	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,968,357	142,105	1,826,252	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,626,306	667,071	35,959,235	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,553,811	82,523	4,471,288	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,250,781	704,893	28,545,888	0	0	73.00
74.00	07400	RENAL DIALYSIS	987,826	35,991	951,835	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,383,280	244,774	2,138,506	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,613,940	151,433	1,462,507	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,704,804	141,920	1,562,884	0	0	90.00
91.00	09100	EMERGENCY	14,342,803	1,163,264	13,179,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,589,021	331,525	3,257,496	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,849,240	505,098	5,344,142	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	11,998,485	721,127	11,277,358	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	8,758,015	553,461	8,204,554	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	221,056,808	13,372,346	207,684,462	0	0	200.00
201.00		Less Observation Beds	3,589,021	331,525	3,257,496	0	0	201.00
202.00		Total (line 200 minus line 201)	217,467,787	13,040,821	204,426,966	0	0	202.00

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

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 5/30/2014 3:35 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	19,681,986	74,506,226	0.264166		50.00
50.01	05001	CV SURGERY	1,572,584	7,197,445	0.218492		50.01
51.00	05100	RECOVERY ROOM	2,151,369	10,246,607	0.209959		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,655,310	16,732,574	0.517273		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,351,965	32,545,182	0.287353		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,250,602	31,310,696	0.231569		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	1,570,724	42,905,255	0.036609		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,048,866	13,074,261	0.080224		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,275,880	38,575,334	0.084922		59.00
60.00	06000	LABORATORY	15,102,835	61,682,570	0.244848		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000		60.01
60.02	06002	PHYSICIAN LABORATORY	5,512,142	9,611,239	0.573510		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	50,364	331,733	0.151821		64.00
65.00	06500	RESPIRATORY THERAPY	3,667,857	7,661,708	0.478726		65.00
66.00	06600	PHYSICAL THERAPY	16,683,176	27,618,429	0.604060		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,854,479	15,116,901	0.122676		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,968,357	8,449,420	0.232958		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,626,306	131,167,167	0.279234		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,553,811	13,945,097	0.326553		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,250,781	84,538,296	0.346006		73.00
74.00	07400	RENAL DIALYSIS	987,826	1,810,439	0.545628		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,383,280	1,526,131	1.561648		75.01
76.97	07697	CARDIAC REHABILITATION	1,613,940	1,777,543	0.907961		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000	CLINIC	1,704,804	1,443,757	1.180811		90.00
91.00	09100	EMERGENCY	14,342,803	56,320,425	0.254664		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,589,021	4,322,996	0.830216		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	5,849,240	9,252,069	0.632209		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900	CMHC	0	0	0.000000		99.00
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	11,998,485	5,996,989	2.000752		101.00
		SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	8,758,015	6,184,082	1.416219		116.00
200.00		Subtotal (sum of lines 50 thru 199)	221,056,808	715,850,571			200.00
201.00		Less Observation Beds	3,589,021	0			201.00
202.00		Total (line 200 minus line 201)	217,467,787	715,850,571			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/30/2014 3:35 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	5,439,521	0	5,439,521	47,090	115.51	30.00
31.00	INTENSIVE CARE UNIT	445,914		445,914	3,527	126.43	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	509,850	0	509,850	4,823	105.71	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	277,439		277,439	5,189	53.47	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	6,672,724		6,672,724	60,629		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	19,861	2,294,144	30.00
31.00	INTENSIVE CARE UNIT	2,313	292,433	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	3,432	362,797	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	25,606	2,949,374	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,802,378	74,506,226	0.024191	13,200,131	319,324	50.00
50.01	05001	CV SURGERY	186,510	7,197,445	0.025913	3,124,110	80,955	50.01
51.00	05100	RECOVERY ROOM	143,011	10,246,607	0.013957	1,506,432	21,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,244,023	16,732,574	0.074347	78,356	5,826	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870,554	32,545,182	0.026749	6,226,034	166,540	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	885,992	31,310,696	0.028297	870,616	24,636	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	76,082	42,905,255	0.001773	5,664,919	10,044	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,044	13,074,261	0.005434	1,733,030	9,417	58.00
59.00	05900	CARDIAC CATHETERIZATION	275,157	38,575,334	0.007133	6,695,025	47,756	59.00
60.00	06000	LABORATORY	794,962	61,682,570	0.012888	14,582,566	187,940	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	90,004	9,611,239	0.009364	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	948	331,733	0.002858	51,328	147	64.00
65.00	06500	RESPIRATORY THERAPY	136,317	7,661,708	0.017792	3,675,870	65,401	65.00
66.00	06600	PHYSICAL THERAPY	1,224,018	27,618,429	0.044319	2,168,394	96,101	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,161	15,116,901	0.008346	3,011,201	25,131	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,105	8,449,420	0.016818	974,773	16,394	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	667,071	131,167,167	0.005086	36,206,847	184,148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,523	13,945,097	0.005918	1,566,321	9,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	704,893	84,538,296	0.008338	18,299,119	152,578	73.00
74.00	07400	RENAL DIALYSIS	35,991	1,810,439	0.019880	1,031,070	20,498	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,774	1,526,131	0.160389	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	151,433	1,777,543	0.085192	191,670	16,329	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	141,920	1,443,757	0.098299	59,609	5,860	90.00
91.00	09100	EMERGENCY	1,163,264	56,320,425	0.020654	5,435,251	112,260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,525	4,322,996	0.076689	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,592,660	694,417,431		126,352,672	1,577,579	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	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	47,090	0.00	19,861	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,527	0.00	2,313	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,823	0.00	3,432	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	5,189	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	60,629		25,606	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051

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

Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII Hospital PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,506,226	0.000000	0.000000	13,200,131	50.00
50.01	05001	CV SURGERY	0	7,197,445	0.000000	0.000000	3,124,110	50.01
51.00	05100	RECOVERY ROOM	0	10,246,607	0.000000	0.000000	1,506,432	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,732,574	0.000000	0.000000	78,356	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,545,182	0.000000	0.000000	6,226,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,310,696	0.000000	0.000000	870,616	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	42,905,255	0.000000	0.000000	5,664,919	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,074,261	0.000000	0.000000	1,733,030	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,575,334	0.000000	0.000000	6,695,025	59.00
60.00	06000	LABORATORY	0	61,682,570	0.000000	0.000000	14,582,566	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	331,733	0.000000	0.000000	51,328	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,661,708	0.000000	0.000000	3,675,870	65.00
66.00	06600	PHYSICAL THERAPY	0	27,618,429	0.000000	0.000000	2,168,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,116,901	0.000000	0.000000	3,011,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,449,420	0.000000	0.000000	974,773	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,167,167	0.000000	0.000000	36,206,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,945,097	0.000000	0.000000	1,566,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,538,296	0.000000	0.000000	18,299,119	73.00
74.00	07400	RENAL DIALYSIS	0	1,810,439	0.000000	0.000000	1,031,070	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,777,543	0.000000	0.000000	191,670	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,443,757	0.000000	0.000000	59,609	90.00
91.00	09100	EMERGENCY	0	56,320,425	0.000000	0.000000	5,435,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	694,417,431			126,352,672	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,663,312	0		50.00
50.01	05001	CV SURGERY	0	29,592	0		50.01
51.00	05100	RECOVERY ROOM	0	1,033,463	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,734,183	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,219,906	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	8,885,472	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,524,887	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,172,476	0		59.00
60.00	06000	LABORATORY	0	2,424,792	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	749,435	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	24,957	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	379,037	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,371,216	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,246,237	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,676,762	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,727,373	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,699,679	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,574,724	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	276,767	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	567,710	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	690,659	0		90.00
91.00	09100	EMERGENCY	0	9,417,911	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,849,729	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	0	122,940,279	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.264166	11,663,312	0	0	3,081,050	50.00
50.01	05001	CV SURGERY	0.218492	29,592	0	0	6,466	50.01
51.00	05100	RECOVERY ROOM	0.209959	1,033,463	0	0	216,985	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	8,734,183	0	0	2,509,794	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	13,219,906	0	0	3,061,320	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.036609	8,885,472	0	0	325,288	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	2,524,887	0	0	202,557	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	12,172,476	0	0	1,033,711	59.00
60.00	06000	LABORATORY	0.244848	2,424,792	12,681	0	593,705	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	749,435	0	0	429,808	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	24,957	0	0	3,789	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	379,037	0	0	181,455	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	2,371,216	0	0	1,432,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	3,246,237	0	0	398,235	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	1,676,762	0	0	390,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	17,727,373	11,057	0	4,950,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	6,699,679	0	0	2,187,800	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	16,574,724	0	293,805	5,734,954	73.00
74.00	07400	RENAL DIALYSIS	0.545628	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.561648	276,767	3,414	0	432,213	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	567,710	0	0	515,459	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.180811	690,659	0	0	815,538	90.00
91.00	09100	EMERGENCY	0.254664	9,417,911	0	0	2,398,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	1,849,729	0	0	1,535,675	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.632209		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		122,940,279	27,152	293,805	32,437,262	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		122,940,279	27,152	293,805	32,437,262	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	3,105	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,087	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	101,658		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,331	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	11,523	101,658		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	11,523	101,658		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part II
Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,802,378	74,506,226	0.024191	51,709	1,251	50.00
50.01	05001	CV SURGERY	186,510	7,197,445	0.025913	0	0	50.01
51.00	05100	RECOVERY ROOM	143,011	10,246,607	0.013957	9,750	136	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,244,023	16,732,574	0.074347	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870,554	32,545,182	0.026749	138,624	3,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	885,992	31,310,696	0.028297	30,580	865	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	76,082	42,905,255	0.001773	150,476	267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,044	13,074,261	0.005434	48,360	263	58.00
59.00	05900	CARDIAC CATHETERIZATION	275,157	38,575,334	0.007133	0	0	59.00
60.00	06000	LABORATORY	794,962	61,682,570	0.012888	957,942	12,346	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	90,004	9,611,239	0.009364	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	948	331,733	0.002858	253	1	64.00
65.00	06500	RESPIRATORY THERAPY	136,317	7,661,708	0.017792	107,063	1,905	65.00
66.00	06600	PHYSICAL THERAPY	1,224,018	27,618,429	0.044319	3,550,095	157,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,161	15,116,901	0.008346	63,799	532	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,105	8,449,420	0.016818	66,420	1,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	667,071	131,167,167	0.005086	272,188	1,384	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,523	13,945,097	0.005918	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	704,893	84,538,296	0.008338	813,944	6,787	73.00
74.00	07400	RENAL DIALYSIS	35,991	1,810,439	0.019880	51,756	1,029	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,774	1,526,131	0.160389	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	151,433	1,777,543	0.085192	18,258	1,555	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	141,920	1,443,757	0.098299	0	0	90.00
91.00	09100	EMERGENCY	1,163,264	56,320,425	0.020654	33,724	697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,261,135	694,417,431		6,364,941	191,180	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,506,226	0.000000	0.000000	51,709	50.00
50.01	05001	CV SURGERY	0	7,197,445	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	10,246,607	0.000000	0.000000	9,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,732,574	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,545,182	0.000000	0.000000	138,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,310,696	0.000000	0.000000	30,580	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	42,905,255	0.000000	0.000000	150,476	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,074,261	0.000000	0.000000	48,360	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,575,334	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	61,682,570	0.000000	0.000000	957,942	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	331,733	0.000000	0.000000	253	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,661,708	0.000000	0.000000	107,063	65.00
66.00	06600	PHYSICAL THERAPY	0	27,618,429	0.000000	0.000000	3,550,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,116,901	0.000000	0.000000	63,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,449,420	0.000000	0.000000	66,420	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,167,167	0.000000	0.000000	272,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,945,097	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,538,296	0.000000	0.000000	813,944	73.00
74.00	07400	RENAL DIALYSIS	0	1,810,439	0.000000	0.000000	51,756	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,777,543	0.000000	0.000000	18,258	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,443,757	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	56,320,425	0.000000	0.000000	33,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	694,417,431			6,364,941	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	CV SURGERY	0	0	0		50.01
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
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
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/30/2014 3:35 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	5,439,521	0	5,439,521	47,090	115.51	30.00
31.00	INTENSIVE CARE UNIT	445,914		445,914	3,527	126.43	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	509,850	0	509,850	4,823	105.71	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	277,439		277,439	5,189	53.47	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	6,672,724		6,672,724	60,629		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	3,605	416,414	30.00
31.00	INTENSIVE CARE UNIT	396	50,066	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	224	23,679	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	436	23,313	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	4,661	513,472	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,802,378	74,506,226	0.024191	1,726,251	41,760	50.00
50.01	05001	CV SURGERY	186,510	7,197,445	0.025913	290,325	7,523	50.01
51.00	05100	RECOVERY ROOM	143,011	10,246,607	0.013957	201,941	2,818	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,244,023	16,732,574	0.074347	6,131,298	455,844	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870,554	32,545,182	0.026749	717,659	19,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	885,992	31,310,696	0.028297	224,601	6,356	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	76,082	42,905,255	0.001773	917,954	1,628	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,044	13,074,261	0.005434	338,868	1,841	58.00
59.00	05900	CARDIAC CATHETERIZATION	275,157	38,575,334	0.007133	704,008	5,022	59.00
60.00	06000	LABORATORY	794,962	61,682,570	0.012888	3,890,721	50,144	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	90,004	9,611,239	0.009364	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	948	331,733	0.002858	45,421	130	64.00
65.00	06500	RESPIRATORY THERAPY	136,317	7,661,708	0.017792	708,776	12,611	65.00
66.00	06600	PHYSICAL THERAPY	1,224,018	27,618,429	0.044319	217,590	9,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,161	15,116,901	0.008346	394,242	3,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,105	8,449,420	0.016818	129,710	2,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	667,071	131,167,167	0.005086	4,305,178	21,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,523	13,945,097	0.005918	230,656	1,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	704,893	84,538,296	0.008338	3,912,488	32,622	73.00
74.00	07400	RENAL DIALYSIS	35,991	1,810,439	0.019880	127,318	2,531	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,774	1,526,131	0.160389	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	151,433	1,777,543	0.085192	24,070	2,051	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	141,920	1,443,757	0.098299	9,097	894	90.00
91.00	09100	EMERGENCY	1,163,264	56,320,425	0.020654	1,052,576	21,740	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	331,525	4,322,996	0.076689	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,592,660	694,417,431		26,300,748	703,087	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	45.00
200.00		Total (lines 30-199)	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	47,090	0.00	3,605	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,527	0.00	396	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	4,823	0.00	224	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	5,189	0.00	436	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	60,629		4,661	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051

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

Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			Title XIX			Hospital	PPS	
			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
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,506,226	0.000000	0.000000	1,726,251	50.00
50.01	05001	CV SURGERY	0	7,197,445	0.000000	0.000000	290,325	50.01
51.00	05100	RECOVERY ROOM	0	10,246,607	0.000000	0.000000	201,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,732,574	0.000000	0.000000	6,131,298	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,545,182	0.000000	0.000000	717,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,310,696	0.000000	0.000000	224,601	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	42,905,255	0.000000	0.000000	917,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,074,261	0.000000	0.000000	338,868	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,575,334	0.000000	0.000000	704,008	59.00
60.00	06000	LABORATORY	0	61,682,570	0.000000	0.000000	3,890,721	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	331,733	0.000000	0.000000	45,421	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,661,708	0.000000	0.000000	708,776	65.00
66.00	06600	PHYSICAL THERAPY	0	27,618,429	0.000000	0.000000	217,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,116,901	0.000000	0.000000	394,242	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,449,420	0.000000	0.000000	129,710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,167,167	0.000000	0.000000	4,305,178	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,945,097	0.000000	0.000000	230,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,538,296	0.000000	0.000000	3,912,488	73.00
74.00	07400	RENAL DIALYSIS	0	1,810,439	0.000000	0.000000	127,318	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,777,543	0.000000	0.000000	24,070	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,443,757	0.000000	0.000000	9,097	90.00
91.00	09100	EMERGENCY	0	56,320,425	0.000000	0.000000	1,052,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	694,417,431			26,300,748	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | 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	0	0		50.00
50.01	05001	CV SURGERY	0	0	0		50.01
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
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
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.264166	0	4,342,585	0	0	50.00
50.01	05001	CV SURGERY	0.218492	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.209959	0	785,888	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	0	794,434	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	0	3,153,870	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	0	3,067,024	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.036609	0	3,489,821	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	0	1,311,846	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	0	1,048,163	0	0	59.00
60.00	06000	LABORATORY	0.244848	0	4,947,842	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	0	20,932	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	0	222,988	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	0	2,907,967	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	0	739,351	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	0	698,060	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	0	3,811,527	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	0	690,488	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	0	3,202,549	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.545628	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.561648	0	249,174	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	0	36,218	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	1.180811	0	71,240	0	0	90.00
91.00	09100	EMERGENCY	0.254664	0	7,650,196	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	0	1,136,919	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.632209	0	1,249,792			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	45,628,874	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	45,628,874	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,147,163	0		50.00
50.01	05001	CV SURGERY	0	0		50.01
51.00	05100	RECOVERY ROOM	165,004	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	410,939	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	906,274	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	710,228	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	127,759	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	105,242	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	89,012	0		59.00
60.00	06000	LABORATORY	1,211,469	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	3,178	0		64.00
65.00	06500	RESPIRATORY THERAPY	106,750	0		65.00
66.00	06600	PHYSICAL THERAPY	1,756,587	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	90,701	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	162,619	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,064,308	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	225,481	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,108,101	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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	389,122	0		75.01
76.97	07697	CARDIAC REHABILITATION	32,885	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	84,121	0		90.00
91.00	09100	EMERGENCY	1,948,230	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	943,888	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	790,130			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00		Subtotal (see instructions)	13,579,191	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	13,579,191	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part II
Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,802,378	74,506,226	0.024191	0	0	50.00
50.01	05001	CV SURGERY	186,510	7,197,445	0.025913	0	0	50.01
51.00	05100	RECOVERY ROOM	143,011	10,246,607	0.013957	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,244,023	16,732,574	0.074347	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	870,554	32,545,182	0.026749	2,030	54	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	885,992	31,310,696	0.028297	4,979	141	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	76,082	42,905,255	0.001773	4,134	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,044	13,074,261	0.005434	5,603	30	58.00
59.00	05900	CARDIAC CATHETERIZATION	275,157	38,575,334	0.007133	0	0	59.00
60.00	06000	LABORATORY	794,962	61,682,570	0.012888	30,685	395	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	90,004	9,611,239	0.009364	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	948	331,733	0.002858	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	136,317	7,661,708	0.017792	750	13	65.00
66.00	06600	PHYSICAL THERAPY	1,224,018	27,618,429	0.044319	221,213	9,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	126,161	15,116,901	0.008346	2,865	24	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,105	8,449,420	0.016818	4,490	76	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	667,071	131,167,167	0.005086	2,991	15	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,523	13,945,097	0.005918	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	704,893	84,538,296	0.008338	42,814	357	73.00
74.00	07400	RENAL DIALYSIS	35,991	1,810,439	0.019880	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	244,774	1,526,131	0.160389	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	151,433	1,777,543	0.085192	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	141,920	1,443,757	0.098299	330	32	90.00
91.00	09100	EMERGENCY	1,163,264	56,320,425	0.020654	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,261,135	694,417,431		322,884	10,948	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,506,226	0.000000	0.000000	0	50.00
50.01	05001	CV SURGERY	0	7,197,445	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	10,246,607	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,732,574	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	32,545,182	0.000000	0.000000	2,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,310,696	0.000000	0.000000	4,979	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	42,905,255	0.000000	0.000000	4,134	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,074,261	0.000000	0.000000	5,603	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,575,334	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	61,682,570	0.000000	0.000000	30,685	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	9,611,239	0.000000	0.000000	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	331,733	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,661,708	0.000000	0.000000	750	65.00
66.00	06600	PHYSICAL THERAPY	0	27,618,429	0.000000	0.000000	221,213	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,116,901	0.000000	0.000000	2,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,449,420	0.000000	0.000000	4,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	131,167,167	0.000000	0.000000	2,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,945,097	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	84,538,296	0.000000	0.000000	42,814	73.00
74.00	07400	RENAL DIALYSIS	0	1,810,439	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,526,131	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,777,543	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,443,757	0.000000	0.000000	330	90.00
91.00	09100	EMERGENCY	0	56,320,425	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,322,996	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	694,417,431			322,884	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	CV SURGERY	0	0	0		50.01
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
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
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
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	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,090	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.	31,248	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,972	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)	19,861	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)	58,887,359	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)	58,887,359	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	89,994,208	28.00
29.00	Private room charges (excluding swing-bed charges)	48,509,730	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	41,484,478	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.654346	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,552.41	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	3,198.00	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)	58,887,359	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)	1,250.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	24,836,776	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)	24,836,776	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		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	6,562,214	3,527	1,860.57	2,313	4,303,498	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	33,820,888	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	62,961,162	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)	2,586,577	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,577,579	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	4,164,156	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	58,797,006	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,870	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,250.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,589,021	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150051

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

Worksheet D-1

Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII Hospital PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,439,521	58,887,359	0.092372	3,589,021	331,525	90.00
91.00	Nursing School cost	0	58,887,359	0.000000	3,589,021	0	91.00
92.00	Allied health cost	0	58,887,359	0.000000	3,589,021	0	92.00
93.00	All other Medical Education	0	58,887,359	0.000000	3,589,021	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,823	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,823	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.	1,499	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,324	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,432	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)	4,658,912	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)	4,658,912	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	6,942,258	28.00
29.00	Private room charges (excluding swing-bed charges)	1,995,760	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,946,498	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.671095	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,331.39	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,488.12	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)	4,658,912	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)	965.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,315,243	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,315,243	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,936,663	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,251,906	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)	362,797	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	191,180	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	553,977	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,697,929	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	509,850	4,658,912	0.109435	0	0	90.00
91.00	Nursing School cost	0	4,658,912	0.000000	0	0	91.00
92.00	Allied health cost	0	4,658,912	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,658,912	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,090	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.	31,248	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,972	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,605	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)	5,189	15.00
16.00	Nursery days (title V or XIX only)	436	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)	58,887,359	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)	58,887,359	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	68,901,630	28.00
29.00	Private room charges (excluding swing-bed charges)	48,509,730	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	20,391,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.854658	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,552.41	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,571.99	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)	58,887,359	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)	1,250.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,508,161	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)	4,508,161	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,081,329	5,189	786.53	436	342,927	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,562,214	3,527	1,860.57	396	736,786	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	8,622,406	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	14,210,280	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)	489,793	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	703,087	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,192,880	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	13,017,400	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,870	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,250.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,589,021	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,439,521	58,887,359	0.092372	3,589,021	331,525	90.00
91.00	Nursing School cost	0	58,887,359	0.000000	3,589,021	0	91.00
92.00	Allied health cost	0	58,887,359	0.000000	3,589,021	0	92.00
93.00	All other Medical Education	0	58,887,359	0.000000	3,589,021	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,823	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,823	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)	4,823	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)	224	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)	5,189	15.00
16.00	Nursery days (title V or XIX only)	436	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)	4,658,912	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)	4,658,912	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)	4,658,912	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)	965.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	216,380	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)	216,380	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D-1
Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	161,270	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	377,650	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)	23,679	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	10,948	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	34,627	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	343,023	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	509,850	4,658,912	0.109435	0	0	90.00
91.00	Nursing School cost	0	4,658,912	0.000000	0	0	91.00
92.00	Allied health cost	0	4,658,912	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,658,912	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		36,138,536		30.00
31.00	03100	INTENSIVE CARE UNIT		5,742,278		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.264166	13,200,131	3,487,026	50.00
50.01	05001	CV SURGERY	0.218492	3,124,110	682,593	50.01
51.00	05100	RECOVERY ROOM	0.209959	1,506,432	316,289	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	78,356	40,531	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	6,226,034	1,789,070	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	870,616	201,608	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.036609	5,664,919	207,387	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	1,733,030	139,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	6,695,025	568,555	59.00
60.00	06000	LABORATORY	0.244848	14,582,566	3,570,512	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	51,328	7,793	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	3,675,870	1,759,735	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	2,168,394	1,309,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	3,011,201	369,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	974,773	227,081	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	36,206,847	10,110,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	1,566,321	511,487	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	18,299,119	6,331,605	73.00
74.00	07400	RENAL DIALYSIS	0.545628	1,031,070	562,581	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	191,670	174,029	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	1.180811	59,609	70,387	90.00
91.00	09100	EMERGENCY	0.254664	5,435,251	1,384,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		126,352,672	33,820,888	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)		126,352,672		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/30/2014 3:35 pm
Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		4,691,951		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.264166	51,709	13,660	50.00
50.01	05001	CV SURGERY	0.218492	0	0	50.01
51.00	05100	RECOVERY ROOM	0.209959	9,750	2,047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	138,624	39,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	30,580	7,081	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.036609	150,476	5,509	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	48,360	3,880	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	0	0	59.00
60.00	06000	LABORATORY	0.244848	957,942	234,550	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	253	38	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	107,063	51,254	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	3,550,095	2,144,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	63,799	7,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	66,420	15,473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	272,188	76,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	813,944	281,630	73.00
74.00	07400	RENAL DIALYSIS	0.545628	51,756	28,240	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	18,258	16,578	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	1.180811	0	0	90.00
91.00	09100	EMERGENCY	0.254664	33,724	8,588	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		6,364,941	2,936,663	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)		6,364,941		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		10,109,068		30.00
31.00	03100	INTENSIVE CARE UNIT		1,296,849		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		3,789,433		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.264166	1,726,251	456,017	50.00
50.01	05001	CV SURGERY	0.218492	290,325	63,434	50.01
51.00	05100	RECOVERY ROOM	0.209959	201,941	42,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	6,131,298	3,171,555	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	717,659	206,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	224,601	52,011	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.036609	917,954	33,605	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	338,868	27,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	704,008	59,786	59.00
60.00	06000	LABORATORY	0.244848	3,890,721	952,635	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	45,421	6,896	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	708,776	339,309	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	217,590	131,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	394,242	48,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	129,710	30,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	4,305,178	1,202,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	230,656	75,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	3,912,488	1,353,744	73.00
74.00	07400	RENAL DIALYSIS	0.545628	127,318	69,468	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	24,070	21,855	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	1.180811	9,097	10,742	90.00
91.00	09100	EMERGENCY	0.254664	1,052,576	268,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		26,300,748	8,622,406	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		26,300,748		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet D-3
Date/Time Prepared: 5/30/2014 3:35 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		309,913		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.264166	0	0	50.00
50.01	05001	CV SURGERY	0.218492	0	0	50.01
51.00	05100	RECOVERY ROOM	0.209959	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.517273	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.287353	2,030	583	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.231569	4,979	1,153	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.036609	4,134	151	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080224	5,603	449	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084922	0	0	59.00
60.00	06000	LABORATORY	0.244848	30,685	7,513	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.573510	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.151821	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.478726	750	359	65.00
66.00	06600	PHYSICAL THERAPY	0.604060	221,213	133,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122676	2,865	351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.232958	4,490	1,046	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.279234	2,991	835	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.326553	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346006	42,814	14,814	73.00
74.00	07400	RENAL DIALYSIS	0.545628	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.572155	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.907961	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000	CLINIC	1.180811	330	390	90.00
91.00	09100	EMERGENCY	0.254664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.830216	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		322,884	161,270	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)		322,884		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 3:35 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)		30,198,146		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		9,418,489		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)		2,488,171		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)		237.13		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	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.85		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.25		31.00
32.00	Sum of lines 30 and 31		25.10		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.92		33.00
34.00	Disproportionate share adjustment (see instructions)		3,229,235		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 3:35 pm

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	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)			0.000349083	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,157,936	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			795,974	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		795,974		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 an 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 an 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)		46,130,015		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)		46,130,015		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,549,148		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		3,175		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)		49,682,338		59.00
60.00	Primary payer payments		18,362		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,663,976		61.00
62.00	Deductibles billed to program beneficiaries		4,139,694		62.00
63.00	Coinsurance billed to program beneficiaries		62,752		63.00
64.00	Allowable bad debts (see instructions)		683,631		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		444,360		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		437,278		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,905,890		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		-37,111		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-67,263		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: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,801,516		71.00
71.01	Sequestration adjustment (see instructions)		691,603		71.01
72.00	Interim payments		45,399,190		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		-289,277		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		727,940		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	30,198,146	0	30,198,146	0	30,198,146	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	9,418,489	0	0	9,418,489	9,418,489	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	2,488,171	0	1,943,026	508,033	2,451,059	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	6,787,134	6,787,134	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0992	0.0992	0.0992	0.0992		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,229,235	0	2,995,656	233,579	3,229,235	11.00
11.01	Uncompensated care payments	36.00	795,974	0	0	795,974	795,974	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	46,130,015	0	35,173,940	10,956,075	46,130,015	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	46,130,015	0	35,173,940	10,956,075	46,130,015	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	3,549,148	0	0	3,549,148	3,549,148	16.00
17.00	Special add-on payments for new technologies	54.00	3,175	0	0	3,175	3,175	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	35,173,940	14,508,398	49,682,338	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2014 3:35 pm

Title XVIII | Hospital | PPS

		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,148,427	0	0	3,148,427	3,148,427	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	236,688	0	0	236,688	236,688	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0521	0.0521	0.0521	0.0521		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	164,033	0	0	164,033	164,033	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	3,549,148	0	0	3,549,148	3,549,148	26.00

		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	113,181	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	32,437,262	2.00
3.00	PPS payments	25,205,256	3.00
4.00	Outlier payment (see instructions)	410,434	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)	113,181	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	320,957	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)	320,957	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 chargebasis 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)	320,957	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	207,776	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)	113,181	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)	25,615,690	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	2,894	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	5,060,621	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)	20,665,356	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)	20,665,356	30.00
31.00	Primary payer payments	2,599	31.00
32.00	Subtotal (line 30 minus line 31)	20,662,757	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)	1,024,160	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	665,704	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	715,396	36.00
37.00	Subtotal (see instructions)	21,328,461	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)	21,328,461	40.00
40.01	Sequestration adjustment (see instructions)	322,060	40.01
41.00	Interim payments	20,766,354	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	240,047	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: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/30/2014 3:35 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		45,399,190		20,766,354	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)		45,399,190		20,766,354	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		240,047	6.01
6.02	SETTLEMENT TO PROGRAM		289,277		0	6.02
7.00	Total Medicare program liability (see instructions)		45,109,913		21,006,401	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/30/2014 3:35 pm
Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,069,574		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,069,574		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		30,487		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,100,061		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/30/2014 3:35 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	12,195	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	22,174	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	4,172	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	47,747	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	823,811,650	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	39,702,000	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,830,055	8.00
9.00	Sequestration adjustment amount (see instructions)	36,601	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,793,454	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,750,680	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)	42,774	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Subprovider - IRF	PPS

		Prior to 10/01	On/After 10/01	
		1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	3,398,142	973,746	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0310		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	142,042	27,849	3.00
4.00	Outlier Payments	753,657		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	13.213699		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	5,295,436		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	5,295,436		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	5,295,436		19.00
20.00	Deductibles	61,568		20.00
21.00	Subtotal (line 19 minus line 20)	5,233,868		21.00
22.00	Coinsurance	43,808		22.00
23.00	Subtotal (line 21 minus line 22)	5,190,060		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	5,190,060		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS	-11,807		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	5,178,253		32.00
32.01	Sequestration adjustment (see instructions)	78,192		32.01
33.00	Interim payments	5,069,574		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	30,487		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
	TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	753,657		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2014 3:35 pm

		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			13,579,191	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	13,579,191	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	13,579,191	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable Charges				
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		26,300,748	45,628,874	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		26,300,748	45,628,874	12.00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		26,300,748	45,628,874	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		26,300,748	32,049,683	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	13,579,191	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	13,579,191	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	13,579,191	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	13,579,191	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	13,579,191	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	13,579,191	40.00
41.00	Interim payments		13,579,191	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-13,579,191	13,579,191	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2014 3:35 pm
	Title XIX	Subprovider - IRF	PPS

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	322,884	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	322,884	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	322,884	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	322,884	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 150051

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

Worksheet G

Date/Time Prepared: 5/30/2014 3:35 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	54,707,598	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,823,913	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,809,771	0	0	0	7.00
8.00	Prepaid expenses	11,368,254	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)	108,709,536	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	383,099,757	0	0	0	15.00
16.00	Accumulated depreciation	-272,575,538	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	110,524,219	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	176,391,960	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	16,642,635	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	193,034,595	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	412,268,350	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	10,900,849	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,193,447	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,435,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	217,755	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,747,051	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	32,546,889	0	0	0	47.00
48.00	Unsecured loans	2,206,206	0	0	0	48.00
49.00	Other long term liabilities	2,569,252	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	37,322,347	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	74,069,398	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	338,198,952				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	338,198,952	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	412,268,350	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 5/30/2014 3:35 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		264,965,041		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		73,356,938				2.00
3.00	Total (sum of line 1 and line 2)		338,321,979		0		3.00
4.00	TEMP REST. N.A. ADJ	712,477		0		0	4.00
5.00	PERM REST. N.A. ADJ	0		0		0	5.00
6.00	FOUNDATION FUNDED CAPITAL	41,494		0		0	6.00
7.00	CHANGE IN PENSION OBLIGATION	26,713,846		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)		27,467,817		0		10.00
11.00	Subtotal (line 3 plus line 10)		365,789,796		0		11.00
12.00	R-P EQUITY TRANSFER	27,590,843		0		0	12.00
13.00	VARIANCE	1		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)		27,590,844		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		338,198,952		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	TEMP REST. N.A. ADJ		0		4.00
5.00	PERM REST. N.A. ADJ		0		5.00
6.00	FOUNDATION FUNDED CAPITAL		0		6.00
7.00	CHANGE IN PENSION OBLIGATION		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	R-P EQUITY TRANSFER		0		12.00
13.00	VARIANCE		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: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2014 3:35 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	89,994,208		89,994,208	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,942,258		6,942,258	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	96,936,466		96,936,466	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	11,024,613		11,024,613	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,024,613		11,024,613	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	107,961,079		107,961,079	17.00
18.00	Ancillary services	261,374,620	370,955,633	632,330,253	18.00
19.00	Outpatient services	11,135,689	50,951,489	62,087,178	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		5,996,989	5,996,989	22.00
23.00	AMBULANCE SERVICES	0	9,252,069	9,252,069	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	6,184,082	6,184,082	26.00
27.00	URGENT CARE CHARGES	0	6,231,897	6,231,897	27.00
27.01	HME STORE CHARGES	0	2,924,502	2,924,502	27.01
27.02	DIETARY REVENUE - OFFSET VIA A-8	0	21,043	21,043	27.02
27.03	UNALLOCATED REVENUE - OFFSET VIA A-8	0	233,192	233,192	27.03
27.04	A&P AND PARTIAL PHYSICIAN CHARGES	0	5,100,752	5,100,752	27.04
27.05	CLINICAL TRIAL	0	31,844	31,844	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	380,471,388	457,883,492	838,354,880	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		307,971,385		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)		307,971,385		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150051 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-3 | Date/Time Prepared: 5/30/2014 3:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	838,354,880	1.00
2.00	Less contractual allowances and discounts on patients' accounts	486,934,184	2.00
3.00	Net patient revenues (line 1 minus line 2)	351,420,696	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	307,971,385	4.00
5.00	Net income from service to patients (line 3 minus line 4)	43,449,311	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	353	6.00
7.00	Income from investments	20,417,636	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	688,525	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	238,817	13.00
14.00	Revenue from meals sold to employees and guests	1,363,028	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	280,153	21.00
22.00	Rental of hospital space	739,258	22.00
23.00	Governmental appropriations	3,569,997	23.00
24.00	ALL OTHER REVENUE	2,609,634	24.00
24.01	IMMATERIAL VARIANCE	226	24.01
25.00	Total other income (sum of lines 6-24)	29,907,627	25.00
26.00	Total (line 5 plus line 25)	73,356,938	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	73,356,938	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H
Date/Time Prepared: 5/30/2014 3:35 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	455,762	0	199,710	0	1,411,533	2,067,005	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,274,579	0	0	0	0	1,274,579	6.00
7.00	Physical Therapy	766,570	0	0	0	0	766,570	7.00
8.00	Occupational Therapy	210,624	0	0	0	0	210,624	8.00
9.00	Speech Pathology	12,581	0	0	0	0	12,581	9.00
10.00	Medical Social Services	39,385	0	0	0	0	39,385	10.00
11.00	Home Health Aide	95,630	0	0	0	0	95,630	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	1,353,505	0	34,598	0	0	1,388,103	23.00
24.00	Total (sum of lines 1-23)	4,208,636	0	234,308	0	1,411,533	5,854,477	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	142,573	2,209,578	-21	2,209,557			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	9,071	1,283,650	0	1,283,650			6.00
7.00	Physical Therapy	5,455	772,025	0	772,025			7.00
8.00	Occupational Therapy	1,499	212,123	0	212,123			8.00
9.00	Speech Pathology	90	12,671	0	12,671			9.00
10.00	Medical Social Services	73	39,458	0	39,458			10.00
11.00	Home Health Aide	681	96,311	0	96,311			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	9,632	1,397,735	0	1,397,735			23.00
24.00	Total (sum of lines 1-23)	169,074	6,023,551	-21	6,023,530			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-1 Part I
Date/Time Prepared: 5/30/2014 3:35 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,209,557	0	0	0	0	2,209,557	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,283,650	0	0	0	0	1,283,650	6.00
7.00	Physical Therapy	772,025	0	0	0	0	772,025	7.00
8.00	Occupational Therapy	212,123	0	0	0	0	212,123	8.00
9.00	Speech Pathology	12,671	0	0	0	0	12,671	9.00
10.00	Medical Social Services	39,458	0	0	0	0	39,458	10.00
11.00	Home Health Aide	96,311	0	0	0	0	96,311	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	1,397,735	0	0	0	0	1,397,735	23.00
24.00	Total (sum of lines 1-23)	6,023,530	0	0	0	0	6,023,530	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	2,209,557		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	743,660	2,027,310	6.00
7.00	Physical Therapy	447,259	1,219,284	7.00
8.00	Occupational Therapy	122,890	335,013	8.00
9.00	Speech Pathology	7,341	20,012	9.00
10.00	Medical Social Services	22,859	62,317	10.00
11.00	Home Health Aide	55,796	152,107	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	809,752	2,207,487	23.00
24.00	Total (sum of lines 1-23)		6,023,530	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-2,209,557	3,813,973	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,283,650	6.00
7.00	Physical Therapy	0	0	0	0	0	772,025	7.00
8.00	Occupational Therapy	0	0	0	0	0	212,123	8.00
9.00	Speech Pathology	0	0	0	0	0	12,671	9.00
10.00	Medical Social Services	0	0	0	0	0	39,458	10.00
11.00	Home Health Aide	0	0	0	0	0	96,311	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	1,397,735	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,209,557	3,813,973	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,209,557	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.579332	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Home Health Agency I

PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	MEDICAL ARTS	
		0	1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	2,027,310	0	0	0	0	0	2.00
3.00	Physical Therapy	1,219,284	0	0	0	0	0	3.00
4.00	Occupational Therapy	335,013	0	0	0	0	0	4.00
5.00	Speech Pathology	20,012	0	0	0	0	0	5.00
6.00	Medical Social Services	62,317	0	0	0	0	0	6.00
7.00	Home Health Aide	152,107	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	2,207,487	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	6,023,530	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CAPITAL RELATED COSTS UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	PAIN MANAGEMENT	WEST PROMPTCARE	
		1.05	1.06	1.07	1.08	1.09	1.10	
1.00	Administrative and General	0	0	0	34,344	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,717	0	0	2.00
3.00	Physical Therapy	0	0	0	283	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	1,039	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	30,233	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	71,616	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051
HHA CCN: 157011

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

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Part I
Date/Time Prepared:
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	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	4.00	4.01	4A.01	5.00	6.00	
1.00	Administrative and General	143,519	187,597	0	365,460	100,116	0	1.00
2.00	Skilled Nursing Care	23,890	493,069	0	2,549,986	698,553	0	2.00
3.00	Physical Therapy	1,185	296,547	0	1,517,299	415,655	0	3.00
4.00	Occupational Therapy	0	81,480	0	416,493	114,096	0	4.00
5.00	Speech Pathology	0	4,867	0	24,879	6,815	0	5.00
6.00	Medical Social Services	0	3,951	0	66,268	18,154	0	6.00
7.00	Home Health Aide	4,344	36,994	0	194,484	53,278	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	154,773	653,526	4,580	3,050,599	835,693	0	19.00
20.00	Total (sum of lines 1-19) (2)	327,711	1,758,031	4,580	8,185,468	2,242,360	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	302,921	0	0	0	7,000	0	1.00
2.00	Skilled Nursing Care	50,424	0	0	0	18,648	0	2.00
3.00	Physical Therapy	2,500	0	0	0	7,323	0	3.00
4.00	Occupational Therapy	0	0	0	0	2,197	0	4.00
5.00	Speech Pathology	0	0	0	0	144	0	5.00
6.00	Medical Social Services	0	0	0	0	741	0	6.00
7.00	Home Health Aide	9,168	0	0	0	2,540	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	326,675	0	0	0	26,359	0	19.00
20.00	Total (sum of lines 1-19) (2)	691,688	0	0	0	64,952	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051
HHA CCN: 157011

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

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	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		13.00	14.00	15.00	16.00	17.00	18.00	
1.00	Administrative and General	87,729	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	233,712	0	0	0	0	0	2.00
3.00	Physical Therapy	91,772	0	0	0	0	0	3.00
4.00	Occupational Therapy	27,534	0	0	0	0	0	4.00
5.00	Speech Pathology	1,801	0	0	0	0	0	5.00
6.00	Medical Social Services	9,283	0	0	0	0	0	6.00
7.00	Home Health Aide	31,838	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	330,348	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	814,017	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	
		18.01	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051
HHA CCN: 157011

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

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	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	863,226	0	863,226				1.00
2.00	Skilled Nursing Care	3,551,323	0	3,551,323	275,306	3,826,629		2.00
3.00	Physical Therapy	2,034,549	0	2,034,549	157,722	2,192,271		3.00
4.00	Occupational Therapy	560,320	0	560,320	43,437	603,757		4.00
5.00	Speech Pathology	33,639	0	33,639	2,608	36,247		5.00
6.00	Medical Social Services	94,446	0	94,446	7,322	101,768		6.00
7.00	Home Health Aide	291,308	0	291,308	22,583	313,891		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	4,569,674	0	4,569,674	354,248	4,923,922		19.00
20.00	Total (sum of lines 1-19) (2)	11,998,485	0	11,998,485	863,226	11,998,485		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.077522			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Home Health Agency I

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	UTILITIES (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	1.05	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	CAPITAL RELATED COSTS WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	
		1.06	1.07	1.08	1.09	1.10	2.00	
1.00	Administrative and General	0	0	7,269	0	0	7,269	1.00
2.00	Skilled Nursing Care	0	0	1,210	0	0	1,210	2.00
3.00	Physical Therapy	0	0	60	0	0	60	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	220	0	0	220	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	6,399	0	0	7,839	19.00
20.00	Total (sum of lines 1-19)	0	0	15,158	0	0	16,598	20.00
21.00	Total cost to be allocated	0	0	71,616	0	0	327,711	21.00
22.00	Unit cost multiplier	0.000000	0.000000	4.724634	0.000000	0.000000	19.744005	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

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Part II
Date/Time Prepared:
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	Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	4.01	5A	5.00	6.00	7.00	
1.00	Administrative and General	488,131	0	0	365,460	0	7,269	1.00
2.00	Skilled Nursing Care	1,282,979	0	0	2,549,986	0	1,210	2.00
3.00	Physical Therapy	771,623	0	0	1,517,299	0	60	3.00
4.00	Occupational Therapy	212,012	0	0	416,493	0	0	4.00
5.00	Speech Pathology	12,664	0	0	24,879	0	0	5.00
6.00	Medical Social Services	10,280	0	0	66,268	0	0	6.00
7.00	Home Health Aide	96,260	0	0	194,484	0	220	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	1,700,492	1	0	3,050,599	0	7,839	19.00
20.00	Total (sum of lines 1-19)	4,574,441	1		8,185,468	0	16,598	20.00
21.00	Total cost to be allocated	1,758,031	4,580		2,242,360	0	691,688	21.00
22.00	Unit cost multiplier	0.384316	4,580.000000		0.273944	0.000000	41.672973	22.00

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	17,492	0	17,492	1.00
2.00	Skilled Nursing Care	0	0	0	46,599	0	46,599	2.00
3.00	Physical Therapy	0	0	0	18,298	0	18,298	3.00
4.00	Occupational Therapy	0	0	0	5,490	0	5,490	4.00
5.00	Speech Pathology	0	0	0	359	0	359	5.00
6.00	Medical Social Services	0	0	0	1,851	0	1,851	6.00
7.00	Home Health Aide	0	0	0	6,348	0	6,348	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	65,867	0	65,867	19.00
20.00	Total (sum of lines 1-19)	0	0	0	162,304	0	162,304	20.00
21.00	Total cost to be allocated	0	0	0	64,952	0	814,017	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.400187	0.000000	5.015385	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2014 3:35 pm

Home Health Agency I

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	Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (SALARIES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
		14.00	15.00	16.00	17.00	18.00	18.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2014 3:35 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	3,826,629		3,826,629	13,237	289.09	1.00
2.00	Physical Therapy	3.00	2,192,271	0	2,192,271	6,467	338.99	2.00
3.00	Occupational Therapy	4.00	603,757	0	603,757	2,178	277.21	3.00
4.00	Speech Pathology	5.00	36,247	0	36,247	162	223.75	4.00
5.00	Medical Social Services	6.00	101,768		101,768	345	294.98	5.00
6.00	Home Health Aide	7.00	313,891		313,891	2,349	133.63	6.00
7.00	Total (sum of lines 1-6)		7,074,563	0	7,074,563	24,738		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		14020	2,631	2,806			8.00
8.01	Skilled Nursing Care		99915	550	772			8.01
8.02	Skilled Nursing Care		26900	116	222			8.02
9.00	Physical Therapy		14020	1,522	1,641			9.00
9.01	Physical Therapy		99915	268	405			9.01
9.02	Physical Therapy		26900	84	174			9.02
10.00	Occupational Therapy		14020	563	583			10.00
10.01	Occupational Therapy		99915	82	55			10.01
10.02	Occupational Therapy		26900	51	44			10.02
11.00	Speech Pathology		14020	47	21			11.00
11.01	Speech Pathology		99915	1	0			11.01
11.02	Speech Pathology		26900	2	2			11.02
12.00	Medical Social Services		14020	55	116			12.00
12.01	Medical Social Services		99915	14	23			12.01
12.02	Medical Social Services		26900	3	10			12.02
13.00	Home Health Aide		14020	133	426			13.00
13.01	Home Health Aide		99915	88	184			13.01
13.02	Home Health Aide		26900	14	10			13.02
14.00	Total (sum of lines 8-13)			6,224	7,494			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	7,954	7,954	51,370	0.154837	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,297	3,800		953,130	1,098,542		1.00
2.00	Physical Therapy	1,874	2,220		635,267	752,558		2.00
3.00	Occupational Therapy	696	682		192,938	189,057		3.00
4.00	Speech Pathology	50	23		11,188	5,146		4.00
5.00	Medical Social Services	72	149		21,239	43,952		5.00
6.00	Home Health Aide	235	620		31,403	82,851		6.00
7.00	Total (sum of lines 1-6)	6,224	7,494		1,845,165	2,172,106		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-3
Part I
Date/Time Prepared:
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	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	2,051,672	1.00
2.00	Physical Therapy	1,387,825	2.00
3.00	Occupational Therapy	381,995	3.00
4.00	Speech Pathology	16,334	4.00
5.00	Medical Social Services	65,191	5.00
6.00	Home Health Aide	114,254	6.00
7.00	Total (sum of lines 1-6)	4,017,271	7.00

	Cost Center Description	12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.604060	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.279234	28,486	7,954	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.346006	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2014 3:35 pm
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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	877,869	1,048,061	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	23,583	18,886	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	11,540	18,419	13.00
14.00	Total PPS Reimbursement - PEP Episodes	11,743	10,398	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	8,897	10,388	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	77	1,162	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	933,709	1,107,314	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	933,709	1,107,314	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	933,709	1,107,314	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	933,709	1,107,314	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	933,709	1,107,314	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	933,708	1,107,314	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	1	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2013 To 12/31/2013	Worksheet H-5 Date/Time Prepared: 5/30/2014 3:35 pm
		Home Health Agency I	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		933,708		1,107,314	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		933,708		1,107,314	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		933,709		1,107,314	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K
Date/Time Prepared: 5/30/2014 3:35 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	109,864	0	139,248	963,808	728,146	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	725,772	0	0	0	0	7.00
8.00	Inpatient - Respite Care	97,594	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,337,053	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,416	0	0	0	0	12.00
13.00	Occupational Therapy	375	0	0	0	0	13.00
14.00	Speech/ Language Pathology	379	0	0	0	0	14.00
15.00	Medical Social Services	418,767	0	0	0	0	15.00
16.00	Spiritual Counseling	81,007	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	188,723	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,962,950	0	139,248	963,808	728,146	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,941,066	-396,349	1,544,717	0	1,544,717	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	725,772	5,012	730,784	0	730,784	7.00
8.00	Inpatient - Respite Care	97,594	674	98,268	0	98,268	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,337,053	9,233	1,346,286	0	1,346,286	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,416	24	3,440	0	3,440	12.00
13.00	Occupational Therapy	375	3	378	0	378	13.00
14.00	Speech/ Language Pathology	379	3	382	0	382	14.00
15.00	Medical Social Services	418,767	2,892	421,659	0	421,659	15.00
16.00	Spiritual Counseling	81,007	559	81,566	0	81,566	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	188,723	1,303	190,026	0	190,026	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,794,152	-376,646	4,417,506	0	4,417,506	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-1

Date/Time Prepared: 5/30/2014 3:35 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	58	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	725,772	7.00
8.00	Inpatient - Respite Care	0	0	0	0	97,594	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	64,723	1,272,330	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	81,007	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	81,065	0	64,723	2,095,696	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-1

Date/Time Prepared:
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Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	109,806	109,864		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	725,772		7.00
8.00	Inpatient - Respite Care		0	0	97,594		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	1,337,053		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	3,416	0	0	3,416		12.00
13.00	Occupational Therapy	375	0	0	375		13.00
14.00	Speech/ Language Pathology	379	0	0	379		14.00
15.00	Medical Social Services		0	418,767	418,767		15.00
16.00	Spiritual Counseling		0	0	81,007		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		188,723	0	188,723		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	4,170	188,723	528,573	2,962,950		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-3

Date/Time Prepared: 5/30/2014 3:35 pm

Hospice I

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-3
Date/Time Prepared: 5/30/2014 3:35 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	963,808	963,808		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	963,808	963,808		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,544,717	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	730,784	0	0	0	0	7.00
8.00	Inpatient - Respite Care	98,268	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,346,286	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,440	0	0	0	0	12.00
13.00	Occupational Therapy	378	0	0	0	0	13.00
14.00	Speech/ Language Pathology	382	0	0	0	0	14.00
15.00	Medical Social Services	421,659	0	0	0	0	15.00
16.00	Spiritual Counseling	81,566	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	190,026	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,417,506	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	1,544,717	1,544,717			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	730,784	392,947	1,123,731		7.00
8.00	Inpatient - Respite Care	0	98,268	52,839	151,107		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	1,346,286	723,907	2,070,193		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	3,440	1,850	5,290		12.00
13.00	Occupational Therapy	0	378	203	581		13.00
14.00	Speech/ Language Pathology	0	382	205	587		14.00
15.00	Medical Social Services	0	421,659	226,729	648,388		15.00
16.00	Spiritual Counseling	0	81,566	43,859	125,425		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	190,026	102,178	292,204		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	4,417,506		4,417,506		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-4
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-4
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-1,544,717	2,872,789		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	730,784		7.00
8.00	Inpatient - Respite Care	0	98,268		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	1,346,286		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	3,440		12.00
13.00	Occupational Therapy	0	378		13.00
14.00	Speech/ Language Pathology	0	382		14.00
15.00	Medical Social Services	0	421,659		15.00
16.00	Spiritual Counseling	0	81,566		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	190,026		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,544,717		39.00
40.00	Unit Cost Multiplier		0.537706		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
			BLDG & FIXT	1947 BUILDING	1965 BUILDING	1983 BUILDING	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	1,123,731	0	0	0	0	2.00
3.00	Inpatient - Respite Care	151,107	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,070,193	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	5,290	0	0	0	0	7.00
8.00	Occupational Therapy	581	0	0	0	0	8.00
9.00	Speech/ Language Pathology	587	0	0	0	0	9.00
10.00	Medical Social Services	648,388	0	0	0	0	10.00
11.00	Spiritual Counseling	125,425	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	292,204	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,417,506	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		MEDICAL ARTS	UTILITIES	WEGMILLER	CANCER	PHNA BUILDING	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	5,612	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,612	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	CHILD CARE	
		1.09	1.10	2.00	4.00	4.01	
1.00	Administrative and General	0	0	294,975	42,514	0	1.00
2.00	Inpatient - General Care	0	0	0	280,852	0	2.00
3.00	Inpatient - Respite Care	0	0	0	37,766	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	517,400	13,740	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	1,322	0	7.00
8.00	Occupational Therapy	0	0	0	145	0	8.00
9.00	Speech/ Language Pathology	0	0	0	146	0	9.00
10.00	Medical Social Services	0	0	0	162,050	0	10.00
11.00	Spiritual Counseling	0	0	0	31,347	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	73,030	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	294,975	1,146,572	13,740	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	343,101	93,990	0	622,595	14,883	1.00
2.00	Inpatient - General Care	1,404,583	384,777	0	0	0	2.00
3.00	Inpatient - Respite Care	188,873	51,741	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,601,333	712,619	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	6,612	1,811	0	0	0	7.00
8.00	Occupational Therapy	726	199	0	0	0	8.00
9.00	Speech/ Language Pathology	733	201	0	0	0	9.00
10.00	Medical Social Services	810,438	222,015	0	0	0	10.00
11.00	Spiritual Counseling	156,772	42,947	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	365,234	100,054	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,878,405	1,610,354	0	622,595	14,883	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	20,446	0	3,270	0	40,986	1.00
2.00	Inpatient - General Care	0	0	11,906	0	149,213	2.00
3.00	Inpatient - Respite Care	0	0	1,352	0	16,942	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	16,506	0	206,855	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	33	0	416	7.00
8.00	Occupational Therapy	0	0	7	0	85	8.00
9.00	Speech/ Language Pathology	0	0	2	0	30	9.00
10.00	Medical Social Services	0	0	5,583	0	69,965	10.00
11.00	Spiritual Counseling	0	0	1,305	0	16,355	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	5,211	0	65,310	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	20,446	0	45,175	0	566,157	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	PARAMED ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		23.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	1,139,271				1.00
2.00	Inpatient - General Care	0	1,950,479	0	1,950,479	291,665	2.00
3.00	Inpatient - Respite Care	0	258,908	0	258,908	38,716	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	3,537,313	0	3,537,313	528,954	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	8,872	0	8,872	1,327	7.00
8.00	Occupational Therapy	0	1,017	0	1,017	152	8.00
9.00	Speech/ Language Pathology	0	966	0	966	144	9.00
10.00	Medical Social Services	0	1,108,001	0	1,108,001	165,685	10.00
11.00	Spiritual Counseling	0	217,379	0	217,379	32,506	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	535,809	0	535,809	80,122	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	8,758,015	0	8,758,015		34.00
35.00	Unit Cost Multiplier (see instructions)					0.149535	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	Total Hospice Costs (cols. 26 ± 27)		
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	2,242,144		2.00
3.00	Inpatient - Respite Care	297,624		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	4,066,267		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	10,199		7.00
8.00	Occupational Therapy	1,169		8.00
9.00	Speech/ Language Pathology	1,110		9.00
10.00	Medical Social Services	1,273,686		10.00
11.00	Spiritual Counseling	249,885		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	615,931		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	8,758,015		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	4,796	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	4,796	34.00
35.00	Total cost to be allocated	0	0	0	0	5,612	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.170142	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)	PAIN MANAGEMENT (SQUARE FEET)	
		1.05	1.06	1.07	1.08	1.09	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS WEST PROMPTCARE (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
		1.10	2.00	4.00	4.01	5A	
1.00	Administrative and General	0	14,940	110,622	0	0	1.00
2.00	Inpatient - General Care	0	0	730,784	0	0	2.00
3.00	Inpatient - Respite Care	0	0	98,268	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	1,346,287	3	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	3,439	0	0	7.00
8.00	Occupational Therapy	0	0	377	0	0	8.00
9.00	Speech/ Language Pathology	0	0	381	0	0	9.00
10.00	Medical Social Services	0	0	421,659	0	0	10.00
11.00	Spiritual Counseling	0	0	81,566	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	190,027	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	14,940	2,983,410	3		34.00
35.00	Total cost to be allocated	0	294,975	1,146,572	13,740		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	19.743976	0.384316	4,580.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	343,101	0	14,940	15,550	71	1.00
2.00	Inpatient - General Care	1,404,583	0	0	0	0	2.00
3.00	Inpatient - Respite Care	188,873	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,601,333	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	6,612	0	0	0	0	7.00
8.00	Occupational Therapy	726	0	0	0	0	8.00
9.00	Speech/ Language Pathology	733	0	0	0	0	9.00
10.00	Medical Social Services	810,438	0	0	0	0	10.00
11.00	Spiritual Counseling	156,772	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	365,234	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,878,405	0	14,940	15,550	71	34.00
35.00	Total cost to be allocated	1,610,354	0	622,595	14,883	20,446	35.00
36.00	Unit Cost Multiplier (see instructions)	0.273944	0.000000	41.673025	0.957106	287.971831	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	8,172	0	8,172	0	1.00
2.00	Inpatient - General Care	0	29,751	0	29,751	0	2.00
3.00	Inpatient - Respite Care	0	3,378	0	3,378	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	41,244	0	41,244	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	83	0	83	0	7.00
8.00	Occupational Therapy	0	17	0	17	0	8.00
9.00	Speech/ Language Pathology	0	6	0	6	0	9.00
10.00	Medical Social Services	0	13,950	0	13,950	0	10.00
11.00	Spiritual Counseling	0	3,261	0	3,261	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	13,022	0	13,022	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	112,884	0	112,884	0	34.00
35.00	Total cost to be allocated	0	45,175	0	566,157	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.400190	0.000000	5.015387	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (SALARIES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	
		15.00	16.00	17.00	18.00	18.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	
		19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part III
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.604060	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.346006	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.244848	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
6.02	PHYSICIAN LABORATORY	60.02	0.573510	0	0	6.02
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.279234	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.231569	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00				10.00
10.97	CARDIAC REHABILITATION	76.97	0.907961	0	0	10.97
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-6
Date/Time Prepared:
5/30/2014 3:35 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,758,015	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				33,332	2.00
3.00	Average cost per diem (line 1 divided by line 2)				262.75	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	29,476				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	7,744,819				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,415			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		371,791			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	8,673				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	2,278,831				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		264			10.00
11.00	Aggregate NF cost (line 3 times line 10)		69,366			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2,441		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			641,373		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150051	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/30/2014 3:35 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,148,427	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	236,688	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)	130.81	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)	4.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	20.25	8.00
9.00	Sum of lines 7 and 8	25.10	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.21	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	164,033	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,549,148	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