

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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 11:02 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2014 Time: 11:02 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE METHODIST HOSPITALS, INC. (150002) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 CHIEF FINANCIAL OFFICER
 Title _____
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	455,128	130,742	-197,140	-3,736,157	1.00
2.00 Subprovider - IPF	0	18,878	-3		-186,103	2.00
3.00 Subprovider - IRF	0	86,323	-1		-556,222	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	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	1,589		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	560,329	132,327	-197,140	-4,478,482	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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 10:58 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 46402		4.00 County: LAKE		1.00
1.00	Street: 600 GRANT STREET	State: IN		Zip Code: 46402		County: LAKE		2.00
2.00	City: GARY	State: IN		Zip Code: 46402		County: LAKE		

	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	THE METHODIST HOSPITALS, INC.	150002	16974	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	GERIATRIC PSYCH	15S002	16974	4	01/01/2012	N	P	0	4.00
5.00	Subprovider - IRF	REHABILITATION	15T002	16974	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	METHODIST HOME CARE SERVICES	157536	16974		02/12/2002	N	P	0	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	01/01/2013	12/31/2013	20.00
Inpatient PPS Information				21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	15,199	1,951	263	362	8,966	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.	1,216	139	0	0	77		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 10:58 am		
		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.	0			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.	0			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	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			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.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/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: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 10:58 am	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 10:58 am																																																																																																																						
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																																																																																																				
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(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)</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="6">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td>Y</td> </tr> <tr> <td>76.00</td> <td>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. 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Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="6">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>								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.			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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00		97.00	
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	485,607	0	803,227		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
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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

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		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		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:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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			
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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	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			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00			
		Beginning 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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 10:58 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	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
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		03/31/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 10:58 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
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.	LAURA		MAJOCH	41.00
42.00	Enter the employer/company name of the cost report preparer.	THE METHODIST HOSPITALS, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-886-5390		LMAJOCH@METHODISTHOSPITALS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 10:58 am
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		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)	03/31/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	390	142,350	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)		390	142,350	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,045	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	35	12,775	0.00	0	8.01
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)		458	167,170	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,235		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		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	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)		509				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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	36,564	15,199	80,311			1.00
2.00 HMO and other (see instructions)	3,205	11,171				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	216				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)	36,564	15,199	80,311			7.00
8.00 INTENSIVE CARE UNIT	4,179	0	8,183			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	3,704			8.01
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		0	3,089			13.00
14.00 Total (see instructions)	40,743	15,199	95,287	3.00	1,823.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,326	0	1,978	0.00	11.06	16.00
17.00 SUBPROVIDER - IRF	7,375	1,216	11,048	0.00	46.90	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	8,630	2,629	19,142	0.00	24.04	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	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)				3.00	1,905.48	27.00
28.00 Observation Bed Days		6,347	16,473			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	371	423			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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Component	Full Time Equivalents	Discharges				Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,231	2,481	16,266	1.00
2.00 HMO and other (see instructions)				482			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	6,231	2,481		16,266	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	187	50		368	16.00
17.00 SUBPROVIDER - IRF	0.00	0	536	86		802	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: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 10:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	133,509,655	0	133,509,655	4,236,802.00	31.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		310,223	0	310,223	2,138.00	145.10
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		642,847	0	642,847	4,342.00	148.05
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		186,110	0	186,110	6,240.00	29.83
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		22,475,507	-849,322	21,626,185	442,649.00	48.86
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		4,714,719	0	4,714,719	115,288.00	40.90
12.00	Contract management and administrative services		251,282	0	251,282	4,963.00	50.63
13.00	Contract Labor: Physician-Part A - Administrative		818,010	0	818,010	5,647.00	144.86
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		25,919,027	0	25,919,027		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,660,660	0	3,660,660		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		36,901	0	36,901		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		79,561	0	79,561		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,340,627	-85,070	1,255,557	33,549.00	37.42
27.00	Administrative & General	5.00	19,852,572	-460,442	19,392,130	645,014.00	30.06
28.00	Administrative & General under contract (see inst.)		1,779,578	0	1,779,578	9,015.00	197.40
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,356,697	0	3,356,697	160,071.00	20.97
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	3,958,804	0	3,958,804	263,755.00	15.01
33.00	Housekeeping under contract (see instructions)		81,882	0	81,882	5,180.00	15.81
34.00	Dietary	10.00	2,666,329	-707,123	1,959,206	122,381.00	16.01
35.00	Dietary under contract (see instructions)		4,724	0	4,724	297.00	15.91
36.00	Cafeteria	11.00	290,564	707,123	997,687	62,320.00	16.01
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,630,696	2,020	2,632,716	61,610.00	42.73
39.00	Central Services and Supply	14.00	534,158	0	534,158	29,791.00	17.93
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	1,738,298	0	1,738,298	76,172.00	22.82

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 10:58 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	82,540	461,695	544,235	19,054.00	28.56	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 10:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	134,546,882	0	134,546,882	4,240,712.00	31.73	1.00
2.00	Excluded area salaries (see instructions)	22,475,507	-849,322	21,626,185	442,649.00	48.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	112,071,375	849,322	112,920,697	3,798,063.00	29.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,784,011	0	5,784,011	125,898.00	45.94	4.00
5.00	Subtotal wage-related costs (see inst.)	25,955,928	0	25,955,928	0.00	22.99	5.00
6.00	Total (sum of lines 3 thru 5)	143,811,314	849,322	144,660,636	3,923,961.00	36.87	6.00
7.00	Total overhead cost (see instructions)	38,317,469	-81,797	38,235,672	1,488,209.00	25.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 10:58 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,706,797 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,674,095 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			12,393,500 8.00
9.00	Prescription Drug Plan			2,086,309 9.00
10.00	Dental, Hearing and Vision Plan			1,099,154 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			592,492 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			240,294 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			9,371,196 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			320,940 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			235,227 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			29,720,004 24.00
Part B - Other than Core Related Cost				
25.00	MI SC BENEFITS			-23,854 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		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: 150002 Component CCN: 157536		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/27/2014 10:58 am		
				Home Health Agency I		PPS		
							1.00	
0.00	County							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	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	392.00	0.00	0.00	0.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	0.00					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.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00	
20.01		23844					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	3,231	405	185	213	4,034	21.00	
22.00	Skilled Nursing Visit Charges	464,851	60,600	23,250	30,000	578,701	22.00	
23.00	Physical Therapy Visits	1,978	21	42	168	2,209	23.00	
24.00	Physical Therapy Visit Charges	321,440	3,444	6,232	27,060	358,176	24.00	
25.00	Occupational Therapy Visits	623	18	5	33	679	25.00	
26.00	Occupational Therapy Visit Charges	102,465	2,970	660	5,445	111,540	26.00	
27.00	Speech Pathology Visits	34	0	1	12	47	27.00	
28.00	Speech Pathology Visit Charges	5,664	0	177	2,124	7,965	28.00	
29.00	Medical Social Service Visits	27	1	1	5	34	29.00	
30.00	Medical Social Service Visit Charges	6,453	239	239	1,195	8,126	30.00	
31.00	Home Health Aide Visits	1,440	107	2	78	1,627	31.00	
32.00	Home Health Aide Visit Charges	95,743	7,169	134	5,226	108,272	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,333	552	236	509	8,630	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)	996,616	74,422	30,692	71,050	1,172,780	35.00	
36.00	Total Number of Episodes (standard/non outlier)	381		78	29	488	36.00	
37.00	Total Number of Outlier Episodes		13		4	17	37.00	
38.00	Total Non-Routine Medical Supply Charges	31,608	7,642	2,993	358	42,601	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 10:58 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.292219		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		42,854,568		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		15,500,000		5.00	
6.00	Medicaid charges		203,165,483		6.00	
7.00	Medicaid cost (line 1 times line 6)		59,368,814		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,014,246		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		6,285		9.00	
10.00	Stand-alone SCHIP charges		34,651		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		10,126		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		3,841		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)		7,734,420		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,018,087		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	54,611,600	0	54,611,600	20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,958,547	0	15,958,547	21.00	
22.00	Partial payment by patients approved for charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	15,958,547	0	15,958,547	23.00	
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,252,851		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,229,880		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		20,022,971		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,851,093		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		21,809,640		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,827,727		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	10,906,445	10,906,445	1.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,340,627	21,429,715	22,770,342	-85,070	4.00
5.01	00520	DATA PROCESSING	3,916,694	11,561,209	15,477,903	0	5.01
5.02	00530	PURCHASING RECEIVING AND STORES	895,509	2,436,874	3,332,383	-33,041	5.02
5.03	00540	ADMITTING	2,014,887	528,770	2,543,657	-38	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,539,967	3,515,428	5,055,395	1,232	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	10,955,544	25,322,106	36,277,650	-13,802,740	5.05
5.06	00561	PATIENT TRANSPORTATION	529,971	112,735	642,706	0	5.06
7.00	00700	OPERATION OF PLANT	3,356,697	7,215,579	10,572,276	4,265,482	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,491,245	1,491,245	0	8.00
9.00	00900	HOUSEKEEPING	3,958,804	1,710,308	5,669,112	-513	9.00
10.00	01000	DIETARY	2,666,329	3,100,753	5,767,082	-1,735,268	10.00
11.00	01100	CAFETERIA	290,564	34,282	324,846	1,730,635	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,630,696	362,708	2,993,404	1,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	534,158	2,020,576	2,554,734	-138,538	14.00
15.00	01500	PHARMACY	0	15,188,603	15,188,603	-10,211,824	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,738,298	905,472	2,643,770	-3	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	461,695	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	82,540	25,207	107,747	-290	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	186,110	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,503	803	11,306	-4,806	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	384,462	104,703	489,165	199,062	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,280,875	6,105,535	35,386,410	-695,314	30.00
31.00	03100	INTENSIVE CARE UNIT	6,017,857	1,434,724	7,452,581	-203,823	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,503,036	733,169	3,236,205	-42,016	31.01
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 - I/PF	737,127	375,018	1,112,145	0	40.00
41.00	04100	SUBPROVIDER - I/RF	2,882,579	429,527	3,312,106	-34,894	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	622,228	289,757	911,985	-12,357	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	4,113,412	15,497,744	19,611,156	-2,209,201	50.00
50.01	03330	ENDOSCOPY	970,696	1,727,292	2,697,988	-227,698	50.01
51.00	05100	RECOVERY ROOM	967,282	127,913	1,095,195	-19,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,732,589	444,678	3,177,267	-23,690	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,104,630	1,817,848	3,922,478	-122,393	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,263,712	552,518	1,816,230	-80,548	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	500,386	901,353	1,401,739	-11,661	55.00
56.00	05600	RADIOISOTOPE	506,577	920,841	1,427,418	-2,362	56.00
57.00	05700	CT SCAN	1,023,931	1,355,333	2,379,264	-73,430	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	398,531	237,630	636,161	-61,280	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,589,773	5,496,343	7,086,116	-3,939,274	59.00
60.00	06000	LABORATORY	3,629,684	6,171,037	9,800,721	1,055,628	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,142,880	416,263	1,559,143	-7,517	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,040,856	968,298	3,009,154	-147,874	65.00
66.00	06600	PHYSICAL THERAPY	1,489,730	133,123	1,622,853	-2,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	995,208	267,567	1,262,775	-243	67.00
68.00	06800	SPEECH PATHOLOGY	385,789	38,926	424,715	-406	68.00
69.00	06900	ELECTROCARDIOLOGY	574,867	226,547	801,414	-1,930	69.00
69.01	06901	CARDIAC REHAB	366,004	446,643	812,647	-593	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	891,593	4,792,314	5,683,907	-4,255,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,995,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,481,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	406,458	449,857	856,315	11,052,328	73.00
74.00	07400	RENAL DIALYSIS	0	1,484,461	1,484,461	-299	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
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	2,072,944	1,710,851	3,783,795	-168,334	3,615,461	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,980,832	2,388,670	8,369,502	2,071,385	10,440,887	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	09900 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	1,691,649	463,053	2,154,702	3,405	2,158,107	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	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	116,729,965	155,471,909	272,201,874	14,055,678	286,257,552	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,791	184,011	243,802	0	243,802	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	13,783,866	18,526,701	32,310,567	-12,535,332	19,775,235	192.00
192.01	19201 OTHER NON-REIMBURSABLE	2,846,272	3,539,723	6,385,995	-1,520,346	4,865,649	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	89,761	33,597	123,358	0	123,358	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	133,509,655	177,755,941	311,265,596	0	311,265,596	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,904,349	9,002,096	1.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,446	22,675,826	4.00
5.01	00520	DATA PROCESSING	-127,622	15,350,281	5.01
5.02	00530	PURCHASING RECEIVING AND STORES	0	3,299,342	5.02
5.03	00540	ADMITTING	0	2,543,619	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	-14,323	5,042,304	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-544,994	21,929,916	5.05
5.06	00561	PATIENT TRANSPORTATION	0	642,706	5.06
7.00	00700	OPERATION OF PLANT	-21,600	14,816,158	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,491,245	8.00
9.00	00900	HOUSEKEEPING	-11,187	5,657,412	9.00
10.00	01000	DIETARY	-30,417	4,001,397	10.00
11.00	01100	CAFETERIA	-629,252	1,426,229	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,401	2,993,509	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,416,196	14.00
15.00	01500	PHARMACY	0	4,976,779	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-6,086	2,637,681	16.00
17.00	01700	SOCIAL SERVICE	0	461,695	17.00
17.01	01701	STAFF EDUCATION	0	0	17.01
17.02	01702	MEDICAL EDUCATION	-1,086	106,371	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	186,110	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,500	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-367,540	320,687	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-446,910	34,244,186	30.00
31.00	03100	INTENSIVE CARE UNIT	-28,090	7,220,668	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-520,500	2,673,689	31.01
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 - I/PF	-51,150	1,060,995	40.00
41.00	04100	SUBPROVIDER - I/RF	0	3,277,212	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	899,628	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	-9,005,708	8,396,247	50.00
50.01	03330	ENDOSCOPY	0	2,470,290	50.01
51.00	05100	RECOVERY ROOM	0	1,075,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,153,577	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45,772	3,754,313	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,735,682	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,390,078	55.00
56.00	05600	RADIOISOTOPE	0	1,425,056	56.00
57.00	05700	CT SCAN	0	2,305,834	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	574,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,146,842	59.00
60.00	06000	LABORATORY	-698,786	10,157,563	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-271,345	1,280,281	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	-7,114	2,854,166	65.00
66.00	06600	PHYSICAL THERAPY	0	1,620,814	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,262,532	67.00
68.00	06800	SPEECH PATHOLOGY	0	424,309	68.00
69.00	06900	ELECTROCARDIOLOGY	0	799,484	69.00
69.01	06901	CARDIAC REHAB	-18,845	793,209	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-96,208	1,332,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,995,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,481,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,908,643	73.00
74.00	07400	RENAL DIALYSIS	0	1,484,162	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.00	09000	CLINIC	-39,890	3,575,571	90.00
90.01	09001	O/P COUNSELING	0	0	90.01
91.00	09100	EMERGENCY	-1,631,603	8,809,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
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	0	2,158,107	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	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,531,224	269,726,328	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	243,802	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,775,235	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	4,865,649	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	123,358	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-16,531,224	294,734,372	200.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 10:58 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	707,123	1,023,512	1.00
	TOTALS		707,123	1,023,512	
B - CLINICAL TRAINING COST					
1.00	PARAMED PRGM-(SPECIFY)	23.00	199,352	0	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		199,352	0	
C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	461,695	0	1.00
	TOTALS		461,695	0	
D - HBP SALARIES					
1.00	OPERATING ROOM	50.00	0	8,766,600	1.00
2.00	LABORATORY	60.00	1,070,580	0	2.00
3.00	EMERGENCY	91.00	13,000	2,655,641	3.00
	TOTALS		1,083,580	11,422,241	
E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	186,110	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,500	2.00
	TOTALS		0	192,610	
F - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,995,665	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,481,561	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	20,477,226	
G - RESIDENCY PROGRAM RECLASS					
1.00	OTHER NON-REIMBURSABLE	192.01	10,503	803	1.00
TOTALS			10,503	803	
H - LIGHT DUTY RECLASS					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	1,253	0	1.00
2.00	NURSING ADMINISTRATION	13.00	2,020	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	28,774	0	3.00
4.00	SUBPROVIDER - IRF	41.00	17,815	0	4.00
5.00	OPERATING ROOM	50.00	25,080	0	5.00
6.00	ENDOSCOPY	50.01	3,540	0	6.00
7.00	HOME HEALTH AGENCY	101.00	6,588	0	7.00
TOTALS			85,070	0	
I - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,226,192	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
TOTALS			0	5,226,192	
J - CORPORATE EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,680,253	1.00
2.00	OPERATION OF PLANT	7.00	0	4,265,674	2.00
TOTALS			0	9,945,927	
K - DRUG EXPENSE RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,056,276	1.00
2.00		0.00	0	0	2.00
TOTALS			0	11,056,276	
L - NURSERY					
1.00	NURSERY	43.00	41,779	0	1.00
TOTALS			41,779	0	
500.00	Grand Total: Increases		2,589,102	59,344,787	500.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 10:58 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	707,123	1,023,512	0	1.00
	TOTALS		707,123	1,023,512		
B - CLINICAL TRAINING COST						
1.00	ADULTS & PEDIATRICS	30.00	14,642	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	17,861	0	0	2.00
3.00	OPERATING ROOM	50.00	11,402	0	0	3.00
4.00	ENDOSCOPY	50.01	4,072	0	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	1,170	0	0	5.00
6.00	LABORATORY	60.00	3,587	0	0	6.00
7.00	RESPIRATORY THERAPY	65.00	9,450	0	0	7.00
8.00	EMERGENCY	91.00	137,168	0	0	8.00
	TOTALS		199,352	0		
C - SOCIAL WORKERS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	461,695	0	0	1.00
	TOTALS		461,695	0		
D - HBP SALARIES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,083,580	11,422,241	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		1,083,580	11,422,241		
E - RESIDENTS						
1.00	EMERGENCY	91.00	0	192,610	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	192,610		
F - MED SUPPLY RECLASS						
1.00	PURCHASING RECEIVING AND STORES	5.02	0	33,041	0	1.00
2.00	ADMINISTRATIVE	5.03	0	38	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	21	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	53	0	4.00
5.00	OPERATION OF PLANT	7.00	0	192	0	5.00
6.00	HOUSEKEEPING	9.00	0	513	0	6.00
7.00	DIETARY	10.00	0	4,633	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	514	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	138,538	0	9.00
10.00	PHARMACY	15.00	0	22,412	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	3	0	11.00
12.00	MEDICAL EDUCATION	17.02	0	290	0	12.00
13.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	290	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	709,446	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	185,962	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	237	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	52,709	0	17.00
18.00	NURSERY	43.00	0	54,136	0	18.00
19.00	OPERATING ROOM	50.00	0	10,989,479	0	19.00
20.00	ENDOSCOPY	50.01	0	227,166	0	20.00
21.00	RECOVERY ROOM	51.00	0	19,540	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,690	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,603	0	23.00
24.00	RADIOLOGY-ULTRASOUND	54.01	0	20,653	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,661	0	25.00
26.00	RADIOISOTOPE	56.00	0	2,362	0	26.00
27.00	CT SCAN	57.00	0	13,535	0	27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,385	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	3,938,104	0	29.00
30.00	LABORATORY	60.00	0	11,365	0	30.00
31.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,517	0	31.00
32.00	RESPIRATORY THERAPY	65.00	0	138,424	0	32.00
33.00	PHYSICAL THERAPY	66.00	0	2,039	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	243	0	34.00
35.00	SPEECH PATHOLOGY	68.00	0	406	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	0	1,930	0	36.00
37.00	CARDIAC REHAB	69.01	0	593	0	37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,388,750	0	38.00
39.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,948	0	39.00
40.00	RENAL DIALYSIS	74.00	0	299	0	40.00
41.00	CLINICAL	90.00	0	168,334	0	41.00
42.00	EMERGENCY	91.00	0	267,478	0	42.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 10:58 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
43.00	HOME HEALTH AGENCY	101.00	0	3,183	0	43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	29,511	0	44.00
	TOTALS		0	20,477,226		
G - RESIDENCY PROGRAM RECLASS						
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	10,503	803	0	1.00
	TOTALS		10,503	803		
H - LIGHT DUTY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	85,070	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	TOTALS		85,070	0		
I - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,395,065	11	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	119,790	0	2.00
3.00	RADIOLOGY-ULTRASOUND	54.01	0	59,895	0	3.00
4.00	CT SCAN	57.00	0	59,895	0	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	59,895	0	5.00
6.00	OTHER NON-REIMBURSABLE	192.01	0	1,531,652	0	6.00
	TOTALS		0	5,226,192		
J - CORPORATE EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	9,945,927	9	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	9,945,927		
K - DRUG EXPENSE RECLASS						
1.00	PHARMACY	15.00	0	10,189,412	0	1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	866,864	0	2.00
	TOTALS		0	11,056,276		
L - NURSERY						
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	41,779	0	0	1.00
	TOTALS		41,779	0		
500.00	Grand Total: Decreases		2,589,102	59,344,787		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 10:58 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,745,499	0	0	0	1.00
2.00	Land Improvements	5,630,774	28,200	0	28,200	2.00
3.00	Buildings and Fixtures	266,564,768	5,796,733	0	5,796,733	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	180,465,849	16,713,634	0	16,713,634	6.00
7.00	HIT designated Assets	9,627,621	219,427	0	219,427	7.00
8.00	Subtotal (sum of lines 1-7)	466,034,511	22,757,994	0	22,757,994	8.00
9.00	Reconciling Items	-20,950	0	0	0	9.00
10.00	Total (line 8 minus line 9)	466,055,461	22,757,994	0	22,757,994	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,745,499	0			1.00
2.00	Land Improvements	5,658,974	0			2.00
3.00	Buildings and Fixtures	272,319,133	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	196,312,548	0			6.00
7.00	HIT designated Assets	9,847,048	0			7.00
8.00	Subtotal (sum of lines 1-7)	487,883,202	0			8.00
9.00	Reconciling Items	-20,950	0			9.00
10.00	Total (line 8 minus line 9)	487,904,152	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2014 10:58 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,856,708	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	6,856,708	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,145,388	0	0	0	9,002,096	1.00
3.00	Total (sum of lines 1-2)	2,145,388	0	0	0	9,002,096	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150002

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,080,804	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-12,468,758				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-629,252	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-6,086	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-30,417	DIETARY		10.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,176,455	CAP REL COSTS-BLDG & FIXT		1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER IT REVENUE	B	-127,622	DATA PROCESSING		5.01	0 33.00
34.00 MCHC LOBBYING	A	-450	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00

Provider CCN: 150002

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
35.00 CENTRAL BUS OFFICE OTHER REVENUE	B	-14,323	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	35.00
36.00 OTHER A&G OTHER REVENUE	B	-382,971	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	36.00
36.01 OTHER A&G OTHER REVENUE	B	-21,600	OPERATION OF PLANT	7.00	0	36.01
36.02 OTHER A&G OTHER REVENUE	B	-11,187	HOUSEKEEPING	9.00	0	36.02
36.03 EMPLOYEE BENEFITS	B	-3,660	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.03
37.00 NURSING DEVELOPMENT	B	-1,401	NURSING ADMINISTRATION	13.00	0	37.00
38.00 PARAMED PROGRAMS	B	-367,540	PARAMED PRGM-(SPECIFY)	23.00	0	38.00
39.00 PSYCH REVENUE	B	-172,197	ADULTS & PEDIATRICS	30.00	0	39.00
40.00 RADIOLOGY OTHER REVENUE	B	-314	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00 PHLEBOTOMY REVENUE	B	-271,345	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	41.00
42.00 LAB REVENUE	B	-806	LABORATORY	60.00	0	42.00
43.00 CARDIAC REHAB REVENUE	B	-18,845	CARDIAC REHAB	69.01	0	43.00
44.00 NEUROSCIENCE REVENUE	B	-19,257	ELECTROENCEPHALOGRAPHY	70.00	0	44.00
45.00 CLINIC REVENUE	B	-827	CLINIC	90.00	0	45.00
46.00 EMERGENCY	B	645	EMERGENCY	91.00	0	46.00
47.00 LOBBYING EXPENSE	A	-73,149	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	47.00
48.00 IHHA LOBBYING EXPENSE	A	-5,513	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,531,224				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-2 Date/Time Prepared: 5/27/2014 10:58 am
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	9,291	4,491	4,800	171,400	48	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	256,491	1,740	254,751	171,400	2,101	2.00
3.00	17.02	MEDICAL EDUCATION	12,870	0	12,870	171,400	143	3.00
4.00	30.00	ADULTS & PEDIATRICS	362,456	203,083	159,373	171,400	1,038	4.00
5.00	31.00	INTENSIVE CARE UNIT	57,920	0	57,920	171,400	362	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	520,500	520,500	0	171,400	0	6.00
7.00	40.00	SUBPROVIDER - IPF	77,800	0	77,800	142,500	389	7.00
8.00	41.00	SUBPROVIDER - IRF	55,560	0	55,560	171,400	926	8.00
9.00	50.00	OPERATING ROOM	9,034,753	8,998,573	36,180	204,100	296	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	45,458	45,458	0	231,100	0	10.00
11.00	60.00	LABORATORY	940,071	629,847	310,224	219,500	2,138	11.00
12.00	65.00	RESPIRATORY THERAPY	20,875	0	20,875	171,400	167	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	112,961	0	112,961	171,400	437	13.00
14.00	90.00	CLINIC	86,775	0	86,775	171,400	579	14.00
15.00	91.00	EMERGENCY	1,671,555	1,600,050	71,505	171,400	477	15.00
200.00			13,265,336	12,003,742	1,261,594		9,101	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	3,955	198	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	173,130	8,657	0	0	0	2.00
3.00	17.02	MEDICAL EDUCATION	11,784	589	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	85,535	4,277	0	0	5,021	4.00
5.00	31.00	INTENSIVE CARE UNIT	29,830	1,492	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	26,650	1,333	0	0	0	7.00
8.00	41.00	SUBPROVIDER - IRF	76,306	3,815	0	0	0	8.00
9.00	50.00	OPERATING ROOM	29,045	1,452	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	225,621	11,281	0	0	49,910	11.00
12.00	65.00	RESPIRATORY THERAPY	13,761	688	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	36,010	1,801	0	0	0	13.00
14.00	90.00	CLINIC	47,712	2,386	0	0	0	14.00
15.00	91.00	EMERGENCY	39,307	1,965	0	0	0	15.00
200.00			798,646	39,934	0	0	54,931	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	3,955	845	5,336	1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	173,130	81,621	83,361	2.00
3.00	17.02	MEDICAL EDUCATION	0	11,784	1,086	1,086	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,208	87,743	71,630	274,713	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	29,830	28,090	28,090	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	520,500	6.00
7.00	40.00	SUBPROVIDER - IPF	0	26,650	51,150	51,150	7.00
8.00	41.00	SUBPROVIDER - IRF	0	76,306	0	0	8.00
9.00	50.00	OPERATING ROOM	0	29,045	7,135	9,005,708	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	45,458	10.00
11.00	60.00	LABORATORY	16,470	242,091	68,133	697,980	11.00
12.00	65.00	RESPIRATORY THERAPY	0	13,761	7,114	7,114	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	36,010	76,951	76,951	13.00
14.00	90.00	CLINIC	0	47,712	39,063	39,063	14.00
15.00	91.00	EMERGENCY	0	39,307	32,198	1,632,248	15.00
200.00			18,678	817,324	465,016	12,468,758	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		RELATED COSTS BLDG & FIXT					
	0	1.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,002,096	9,002,096				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,675,826	37,703	22,713,529			4.00
5.01 00520	DATA PROCESSING	15,350,281	58,668	672,661	16,081,610		5.01
5.02 00530	PURCHASING RECEIVING AND STORES	3,299,342	46,806	153,797	0	3,499,945	5.02
5.03 00540	ADMITTING	2,543,619	62,032	346,041	0	6,350	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	5,042,304	195,640	264,692	0	2,251	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	21,929,916	635,699	1,802,235	16,081,610	19,287	5.05
5.06 00561	PATIENT TRANSPORTATION	642,706	0	91,018	0	0	5.06
7.00 00700	OPERATION OF PLANT	14,816,158	1,910,875	576,486	0	43,448	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,491,245	113,792	0	0	293	8.00
9.00 00900	HOUSEKEEPING	5,657,412	131,731	679,893	0	75,697	9.00
10.00 01000	DIETARY	4,001,397	120,323	336,478	0	40,413	10.00
11.00 01100	CAFETERIA	1,426,229	84,120	171,345	0	34	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,993,509	40,538	452,148	0	1,096	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,416,196	228,817	91,737	0	21,580	14.00
15.00 01500	PHARMACY	4,976,779	121,019	0	0	11,958	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,637,681	72,182	298,539	0	1,714	16.00
17.00 01700	SOCIAL SERVICE	461,695	10,399	79,293	0	0	17.00
17.01 01701	STAFF EDUCATION	0	71,161	0	0	0	17.01
17.02 01702	MEDICAL EDUCATION	106,371	2,388	14,176	0	101	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	186,110	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,500	28,517	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	320,687	0	100,265	0	1,480	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	34,244,186	1,999,537	5,031,126	0	179,396	30.00
31.00 03100	INTENSIVE CARE UNIT	7,220,668	126,809	1,030,451	0	56,771	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	2,673,689	14,415	429,876	0	713	31.01
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	1,060,995	25,357	126,596	0	200	40.00
41.00 04100	SUBPROVIDER - IRF	3,277,212	199,451	498,119	0	8,058	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	899,628	155,919	106,863	0	15,930	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	8,396,247	380,778	708,795	0	151,027	50.00
50.01 03330	ENDOSCOPY	2,470,290	0	166,618	0	47,654	50.01
51.00 05100	RECOVERY ROOM	1,075,655	92,860	166,123	0	3,297	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,153,577	44,706	469,300	0	11,017	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,754,313	338,721	361,453	0	14,300	54.00
54.01 03630	RADIOLOGY-ULTRASOUND	1,735,682	32,264	217,032	0	16,565	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,390,078	86,086	85,937	0	949	55.00
56.00 05600	RADIOISOTOPE	1,425,056	57,729	87,001	0	40,778	56.00
57.00 05700	CT SCAN	2,305,834	54,665	175,852	0	30,774	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	574,881	26,844	68,445	0	8,131	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,146,842	53,580	272,830	0	47,386	59.00
60.00 06000	LABORATORY	10,157,563	150,136	784,203	0	269,645	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,280,281	2,458	196,280	0	28,505	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	2,854,166	49,577	348,878	0	48,586	65.00
66.00 06600	PHYSICAL THERAPY	1,620,814	78,330	255,849	0	1,431	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,262,532	67,318	170,919	0	1,655	67.00
68.00 06800	SPEECH PATHOLOGY	424,309	11,465	66,256	0	458	68.00
69.00 06900	ELECTROCARDIOLOGY	799,484	0	98,729	0	2,659	69.00
69.01 06901	CARDIAC REHAB	793,209	0	62,858	0	553	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,332,085	0	153,124	0	5,080	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,995,665	0	0	0	910,928	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,481,561	0	0	0	1,162,661	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,908,643	10,610	69,806	0	40,339	73.00
74.00 07400	RENAL DIALYSIS	1,484,162	27,980	0	0	355	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT					
75.00 07500 ASC (NON-DISTINCT PART)	0	1.00		4.00	5.01	5.02	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 09000 CLINIC	3,575,571	507,804		356,012	0	9,850	90.00
90.01 09001 O/P COUNSELING	0	0		0	0	0	90.01
91.00 09100 EMERGENCY	8,809,284	172,766		1,005,835	0	95,792	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	2,158,107	0		291,659	0	10,632	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)	269,726,328	8,740,575		19,993,629	16,081,610	3,447,777	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	243,802	11,497		10,269	0	17,473	190.00
191.00 19100 RESEARCH	0	0		0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,775,235	170,519		2,203,587	0	34,447	192.00
192.01 19201 OTHER NON-REIMBURSABLE	4,865,649	22,069		490,628	0	229	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	123,358	57,436		15,416	0	19	192.02
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)	294,734,372	9,002,096		22,713,529	16,081,610	3,499,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	PATIENT TRANSPORTATION	
		5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING	2,958,042				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	65,786	5,570,673			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	213,760	411,716	41,094,223	41,094,223	5.05
5.06	00561	PATIENT TRANSPORTATION	0	0	733,724	118,876	5.06
7.00	00700	OPERATION OF PLANT	642,551	1,237,595	19,227,113	3,115,138	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,264	73,699	1,717,293	278,232	8.00
9.00	00900	HOUSEKEEPING	44,296	85,317	6,674,346	1,081,364	9.00
10.00	01000	DIETARY	40,460	77,928	4,616,999	748,037	10.00
11.00	01100	CAFETERIA	28,286	54,481	1,764,495	285,880	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,631	26,254	3,527,176	571,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	76,942	148,195	2,983,467	483,375	14.00
15.00	01500	PHARMACY	40,694	78,379	5,228,829	847,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,272	46,750	3,081,138	499,200	16.00
17.00	01700	SOCIAL SERVICE	3,497	6,735	561,619	90,992	17.00
17.01	01701	STAFF EDUCATION	23,929	46,088	141,178	22,873	17.01
17.02	01702	MEDICAL EDUCATION	803	1,546	125,385	20,315	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	186,110	30,153	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,589	18,469	63,075	10,219	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	422,432	68,442	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	672,365	1,295,017	43,421,627	7,035,042	30.00
31.00	03100	INTENSIVE CARE UNIT	42,641	82,129	8,559,469	1,386,788	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,847	9,336	3,132,876	507,582	31.01
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 - I PF	8,526	16,422	1,238,096	200,594	40.00
41.00	04100	SUBPROVIDER - I RF	67,067	129,176	4,179,083	677,087	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	52,429	100,983	1,331,752	215,768	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	128,041	246,614	10,011,502	1,622,044	50.00
50.01	03330	ENDOSCOPY	0	0	2,684,562	434,947	50.01
51.00	05100	RECOVERY ROOM	31,225	60,141	1,429,301	231,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,033	28,954	3,722,587	603,126	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,898	219,376	4,802,061	778,020	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	10,849	20,896	2,033,288	329,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,947	55,755	1,647,752	266,965	55.00
56.00	05600	RADIOISOTOPE	19,412	37,389	1,667,365	270,143	56.00
57.00	05700	CT SCAN	18,382	35,404	2,620,911	424,635	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,027	17,386	704,714	114,176	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,017	34,701	3,573,356	578,948	59.00
60.00	06000	LABORATORY	50,485	97,237	11,509,269	1,864,709	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	826	1,592	1,509,942	244,638	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,671	32,109	3,349,987	542,758	65.00
66.00	06600	PHYSICAL THERAPY	26,339	50,731	2,033,494	329,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,636	43,599	1,568,659	254,151	67.00
68.00	06800	SPEECH PATHOLOGY	3,855	7,426	513,769	83,240	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	900,872	145,957	69.00
69.01	06901	CARDIAC REHAB	0	0	856,620	138,788	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,490,289	241,454	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,906,593	1,605,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,644,222	2,048,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,568	6,872	12,039,838	1,950,670	73.00
74.00	07400	RENAL DIALYSIS	9,409	18,122	1,540,028	249,512	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	PATIENT TRANSPORTATION	
			5.03	5.04	5A.04	5.05	5.06	
90.00	09000	CLINIC	170,754	328,884	4,948,875	801,807	562	90.00
90.01	09001	O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	58,094	111,894	10,253,665	1,661,278	40,496	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	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	2,460,398	398,629	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)	2,870,103	5,401,297	266,435,424	36,509,284	852,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,866	7,446	294,353	47,690	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,339	110,438	22,351,565	3,621,356	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	7,421	14,293	5,400,289	874,944	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	19,313	37,199	252,741	40,949	0	192.02
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)	2,958,042	5,570,673	294,734,372	41,094,223	852,600	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00561	PATIENT TRANSPORTATION					5.06
7.00	00700	OPERATION OF PLANT	22,342,251				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	419,903	2,415,428			8.00
9.00	00900	HOUSEKEEPING	486,099	0	8,241,809		9.00
10.00	01000	DIETARY	444,002	0	170,710	5,979,748	10.00
11.00	01100	CAFETERIA	310,410	0	119,347	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	149,587	0	57,513	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	844,353	27,766	324,637	0	14.00
15.00	01500	PHARMACY	446,570	15	171,697	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	266,359	0	102,410	0	16.00
17.00	01700	SOCIAL SERVICE	38,374	0	14,754	0	17.00
17.01	01701	STAFF EDUCATION	262,590	0	100,961	0	17.01
17.02	01702	MEDICAL EDUCATION	8,810	0	3,387	0	17.02
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	105,229	0	40,458	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,378,451	1,191,640	2,836,865	3,984,691	894,982
31.00	03100	INTENSIVE CARE UNIT	467,936	63,083	179,912	818,110	148,875
31.01	02060	NEONATAL INTENSIVE CARE UNIT	53,192	55,684	20,451	0	55,462
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	93,568	0	35,975	33,160	21,491
41.00	04100	SUBPROVIDER - I/RF	735,991	0	282,974	549,803	91,129
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	575,356	51,765	221,213	0	17,216
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,405,104	250,930	540,234	0	123,901
50.01	03330	ENDOSCOPY	0	6,747	0	61	27,467
51.00	05100	RECOVERY ROOM	342,660	65,684	131,746	0	23,871
52.00	05200	DELIVERY ROOM & LABOR ROOM	164,970	56,118	63,428	310,982	71,208
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,249,910	83,437	480,566	0	68,174
54.01	03630	RADIOLOGY-ULTRASOUND	119,057	14,158	45,775	0	27,295
55.00	05500	RADIOLOGY-THERAPEUTIC	317,666	3,783	122,136	0	12,143
56.00	05600	RADIOISOTOPE	213,026	0	81,904	0	11,249
57.00	05700	CT SCAN	201,719	19,230	77,557	0	27,556
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	99,057	7,688	38,085	0	10,234
59.00	05900	CARDIAC CATHETERIZATION	197,714	85,542	76,017	52,576	38,253
60.00	06000	LABORATORY	554,013	0	213,007	0	121,256
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,069	0	3,487	0	58,727
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	182,944	3,696	70,338	0	65,179
66.00	06600	PHYSICAL THERAPY	289,044	30,310	111,132	0	38,764
67.00	06700	OCCUPATIONAL THERAPY	248,408	0	95,508	0	25,042
68.00	06800	SPEECH PATHOLOGY	42,308	0	16,267	10,069	8,854
69.00	06900	ELECTROCARDIOLOGY	0	14,407	0	0	20,621
69.01	06901	CARDIAC REHAB	0	0	0	0	11,215
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	46	23,296
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,152	0	15,053	0	9,146
74.00	07400	RENAL DIALYSIS	103,250	115,620	39,698	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,873,841	0	720,454	0	56,136

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	637,523	268,125	245,115	220,250	171,479	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	09900 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	11800 SUBTOTALS (SUM OF LINES 1-117)	21,377,215	2,415,428	7,870,771	5,979,748	2,475,349	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,426	0	16,312	0	4,783	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	629,231	0	241,927	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	81,437	0	31,311	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	211,942	0	81,488	0	0	192.02
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	20200 TOTAL (sum lines 118-201)	22,342,251	2,415,428	8,241,809	5,979,748	2,480,132	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00530						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
5.06	00561						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	4,364,739				13.00
14.00	01400	0	0	4,691,427			14.00
15.00	01500	0	0	24,731	6,719,006		15.00
16.00	01600	0	0	3,603	0	4,023,865	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
17.02	01702	0	0	230	0	0	17.02
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	54,414	3,176	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,342,121	385,266	0	373,455	30.00
31.00	03100	0	389,599	126,466	0	60,137	31.00
31.01	02060	0	145,140	1,626	0	27,268	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	56,240	456	0	10,460	40.00
41.00	04100	0	238,479	18,274	0	32,812	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	45,054	35,885	0	7,744	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	324,243	332,982	0	532,637	50.00
50.01	03330	0	71,881	107,005	0	58,126	50.01
51.00	05100	0	62,469	7,097	0	41,145	51.00
52.00	05200	0	186,348	24,151	0	21,684	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	31,120	0	125,507	54.00
54.01	03630	0	0	37,798	0	60,660	54.01
55.00	05500	0	0	1,961	0	63,023	55.00
56.00	05600	0	0	93,049	0	50,447	56.00
57.00	05700	0	0	69,692	0	373,987	57.00
58.00	05800	0	0	18,554	0	97,118	58.00
59.00	05900	0	0	106,560	0	213,386	59.00
60.00	06000	0	0	622,038	1,018,086	478,896	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	64,613	0	31,157	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	59,968	0	97,416	65.00
66.00	06600	0	0	3,266	0	31,007	66.00
67.00	06700	0	0	3,094	0	23,148	67.00
68.00	06800	0	0	888	0	5,491	68.00
69.00	06900	0	0	6,033	0	71,502	69.00
69.01	06901	0	0	1,109	0	2,143	69.01
70.00	07000	0	0	11,045	0	109,788	70.00
71.00	07100	0	0	2,078,592	0	156,831	71.00
72.00	07200	0	0	0	0	127,757	72.00
73.00	07300	0	0	92,047	5,583,900	361,267	73.00
74.00	07400	0	0	811	0	23,710	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
90.00	09000	CLINIC	0	0	22,099	0	79,567	90.00
90.01	09001	O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	448,751	213,926	0	261,894	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	13,960	22,564	12,695	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	4,364,739	4,623,171	6,624,550	4,023,865	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	87	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	67,605	94,456	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	522	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	42	0	0	192.02
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)	0	4,364,739	4,691,427	6,719,006	4,023,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description		SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		
		17.00	17.01	17.02	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00530						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
5.06	00561						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700	721,189					17.00
17.01	01701	0	527,602				17.01
17.02	01702	0	60	160,536			17.02
21.00	02100	0	0	0	216,263		21.00
22.00	02200	0	0	0	0	218,981	22.00
23.00	02300	0	88	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	558,224	314,314	0	0	0	30.00
31.00	03100	0	46,830	0	0	0	31.00
31.01	02060	0	10,146	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	5,661	0	0	0	40.00
41.00	04100	127,851	17,666	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,561	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	12,828	0	0	0	50.00
50.01	03330	0	841	0	0	0	50.01
51.00	05100	0	1,878	0	0	0	51.00
52.00	05200	0	11,847	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	10,397	0	0	0	54.00
54.01	03630	0	1,636	0	0	0	54.01
55.00	05500	0	2,036	0	0	0	55.00
56.00	05600	0	177	0	0	0	56.00
57.00	05700	0	4,968	0	0	0	57.00
58.00	05800	0	2,115	0	0	0	58.00
59.00	05900	0	6,140	0	0	0	59.00
60.00	06000	0	1,153	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	288	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	10,996	0	0	0	65.00
66.00	06600	0	697	0	0	0	66.00
67.00	06700	0	725	0	0	0	67.00
68.00	06800	0	386	0	0	0	68.00
69.00	06900	0	4,081	0	0	0	69.00
69.01	06901	0	70	0	0	0	69.01
70.00	07000	0	1,032	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	79	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	17.01	17.02	21.00	22.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	1,989	0	0	0	90.00
90.01 09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	35,114	47,127	160,536	216,263	218,981	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	1,506	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)	721,189	522,318	160,536	216,263	218,981	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	74	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	5,033	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	177	0	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
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)	721,189	527,602	160,536	216,263	218,981	202.00

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Cost Center Description			PARAMED 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
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00561	PATIENT TRANSPORTATION					5.06
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
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION					17.02
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 PRGM-(SPECIFY)	569,345				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	71,035,250	0	71,035,250	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,254,110	0	12,254,110	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,009,427	0	4,009,427	31.01
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 - I PF	0	1,695,701	0	1,695,701	40.00
41.00	04100	SUBPROVIDER - I RF	0	6,962,646	0	6,962,646	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,504,314	0	2,504,314	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	15,156,405	0	15,156,405	50.00
50.01	03330	ENDOSCOPY	0	3,417,232	0	3,417,232	50.01
51.00	05100	RECOVERY ROOM	0	2,337,423	0	2,337,423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,245,264	0	5,245,264	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,728,120	0	7,728,120	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	2,761,023	0	2,761,023	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,444,707	0	2,444,707	55.00
56.00	05600	RADIOISOTOPE	0	2,435,788	0	2,435,788	56.00
57.00	05700	CT SCAN	0	3,939,543	0	3,939,543	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,134,100	0	1,134,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,949,864	0	4,949,864	59.00
60.00	06000	LABORATORY	0	16,382,427	0	16,382,427	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,921,921	0	1,921,921	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,384,904	0	4,384,904	65.00
66.00	06600	PHYSICAL THERAPY	0	2,867,177	0	2,867,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,218,735	0	2,218,735	67.00
68.00	06800	SPEECH PATHOLOGY	0	681,272	0	681,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,167,600	0	1,167,600	69.00
69.01	06901	CARDIAC REHAB	0	1,009,945	0	1,009,945	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,880,338	0	1,880,338	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,747,062	0	13,747,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,820,571	0	14,820,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,091,152	0	20,091,152	73.00
74.00	07400	RENAL DIALYSIS	0	2,072,661	0	2,072,661	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	8,505,330	0	8,505,330	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	90.01
91.00	09100 EMERGENCY	569,345	15,669,868	-435,244	15,234,624	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	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
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	2,909,752	0	2,909,752	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	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	569,345	260,341,632	-435,244	259,906,388	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	405,725	0	405,725	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	27,011,173	0	27,011,173	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	6,388,680	0	6,388,680	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	587,162	0	587,162	192.02
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)	569,345	294,734,372	-435,244	294,299,128	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,703	37,703	37,703		4.00
5.01 00520	DATA PROCESSING	0	58,668	58,668	1,116	59,784	5.01
5.02 00530	PURCHASING RECEIVING AND STORES	0	46,806	46,806	255	0	5.02
5.03 00540	ADMINISTRATIVE	0	62,032	62,032	574	0	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	195,640	195,640	439	0	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	635,699	635,699	2,991	59,784	5.05
5.06 00561	PATIENT TRANSPORTATION	0	0	0	151	0	5.06
7.00 00700	OPERATION OF PLANT	0	1,910,875	1,910,875	957	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	113,792	113,792	0	0	8.00
9.00 00900	HOUSEKEEPING	0	131,731	131,731	1,128	0	9.00
10.00 01000	DIETARY	0	120,323	120,323	558	0	10.00
11.00 01100	CAFETERIA	0	84,120	84,120	284	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	40,538	40,538	750	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	228,817	228,817	152	0	14.00
15.00 01500	PHARMACY	0	121,019	121,019	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	72,182	72,182	495	0	16.00
17.00 01700	SOCIAL SERVICE	0	10,399	10,399	132	0	17.00
17.01 01701	STAFF EDUCATION	0	71,161	71,161	0	0	17.01
17.02 01702	MEDICAL EDUCATION	0	2,388	2,388	24	0	17.02
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	28,517	28,517	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	166	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,999,537	1,999,537	8,360	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	126,809	126,809	1,710	0	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	14,415	14,415	713	0	31.01
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	25,357	25,357	210	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	199,451	199,451	827	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	155,919	155,919	177	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	380,778	380,778	1,176	0	50.00
50.01 03330	ENDOSCOPY	0	0	0	276	0	50.01
51.00 05100	RECOVERY ROOM	0	92,860	92,860	276	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	44,706	44,706	779	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	338,721	338,721	600	0	54.00
54.01 03630	RADIOLOGY-ULTRASOUND	0	32,264	32,264	360	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	86,086	86,086	143	0	55.00
56.00 05600	RADIOISOTOPE	0	57,729	57,729	144	0	56.00
57.00 05700	CT SCAN	0	54,665	54,665	292	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	26,844	26,844	114	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	53,580	53,580	453	0	59.00
60.00 06000	LABORATORY	0	150,136	150,136	1,301	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,458	2,458	326	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	49,577	49,577	579	0	65.00
66.00 06600	PHYSICAL THERAPY	0	78,330	78,330	425	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	67,318	67,318	284	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	11,465	11,465	110	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	164	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	104	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	254	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	10,610	10,610	116	0	73.00
74.00 07400	RENAL DIALYSIS	0	27,980	27,980	0	0	74.00
75.00 07500	ASC (NON-DIESTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		0	BLDG & FIXT				
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	507,804	507,804	591	0	0	90.00
90.01 09001 O/P COUNSELING	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	172,766	172,766	1,669	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	484	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,740,575	8,740,575	33,189	59,784	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,497	11,497	17	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	170,519	170,519	3,657	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	22,069	22,069	814	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	57,436	57,436	26	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	9,002,096	9,002,096	37,703	59,784	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00530	PURCHASING RECEIVING AND STORES	47,061					5.02
5.03	00540	ADMITTING	85	62,691				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	30	1,394	197,503			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	259	4,530	14,597	717,860		5.05
5.06	00561	PATIENT TRANSPORTATION	0	0	0	2,076	2,227	5.06
7.00	00700	OPERATION OF PLANT	584	13,618	43,878	54,413	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	811	2,613	4,860	0	8.00
9.00	00900	HOUSEKEEPING	1,018	939	3,025	18,888	0	9.00
10.00	01000	DIETARY	544	857	2,763	13,066	0	10.00
11.00	01100	CAFETERIA	0	599	1,932	4,994	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15	289	931	9,982	4	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	290	1,631	5,254	8,443	0	14.00
15.00	01500	PHARMACY	161	862	2,779	14,798	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23	514	1,657	8,720	0	16.00
17.00	01700	SOCIAL SERVICE	0	74	239	1,589	0	17.00
17.01	01701	STAFF EDUCATION	0	507	1,634	400	0	17.01
17.02	01702	MEDICAL EDUCATION	1	17	55	355	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	527	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	203	655	179	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	20	0	0	1,195	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,413	14,250	45,914	122,941	832	30.00
31.00	03100	INTENSIVE CARE UNIT	764	904	2,912	24,223	18	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	10	103	331	8,866	0	31.01
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	3	181	582	3,504	0	40.00
41.00	04100	SUBPROVIDER - IRF	108	1,421	4,580	11,827	30	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	214	1,111	3,580	3,769	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	2,031	2,714	8,743	28,333	0	50.00
50.01	03330	ENDOSCOPY	641	0	0	7,597	67	50.01
51.00	05100	RECOVERY ROOM	44	662	2,132	4,045	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	148	319	1,027	10,535	23	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	192	2,414	7,778	13,590	258	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	223	230	741	5,754	240	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13	614	1,977	4,663	19	55.00
56.00	05600	RADIOISOTOPE	548	411	1,326	4,719	126	56.00
57.00	05700	CT SCAN	414	390	1,255	7,417	312	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	109	191	616	1,994	111	58.00
59.00	05900	CARDIAC CATHETERIZATION	637	382	1,230	10,113	56	59.00
60.00	06000	LABORATORY	3,627	1,070	3,447	32,571	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	383	18	56	4,273	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	653	353	1,138	9,480	4	65.00
66.00	06600	PHYSICAL THERAPY	19	558	1,799	5,755	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	22	480	1,546	4,439	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	82	263	1,454	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36	0	0	2,549	11	69.00
69.01	06901	CARDIAC REHAB	7	0	0	2,424	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	68	0	0	4,218	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,252	0	0	28,036	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,630	0	0	35,783	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	543	76	244	34,073	0	73.00
74.00	07400	RENAL DIALYSIS	5	199	642	4,358	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
90.00	09000	CLINIC	132	3,619	11,660	14,005	1	90.00
90.01	09001	O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,288	1,231	3,967	29,018	106	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	143	0	0	6,963	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)	46,360	60,828	191,498	637,774	2,227	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	235	82	264	833	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	463	1,215	3,915	63,255	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3	157	507	15,283	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	409	1,319	715	0	192.02
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)	47,061	62,691	197,503	717,860	2,227	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 10:58 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00520	DATA PROCESSING					5.01	
5.02	00530	PURCHASING RECEIVING AND STORES					5.02	
5.03	00540	ADMITTING					5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
5.06	00561	PATIENT TRANSPORTATION					5.06	
7.00	00700	OPERATION OF PLANT	2,024,325				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	38,045	160,125			8.00	
9.00	00900	HOUSEKEEPING	44,043	0	200,772		9.00	
10.00	01000	DIETARY	40,229	0	4,159	182,499	10.00	
11.00	01100	CAFETERIA	28,125	0	2,907	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	13,553	0	1,401	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	76,503	1,841	7,908	0	14.00	
15.00	01500	PHARMACY	40,462	1	4,183	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	24,134	0	2,495	0	16.00	
17.00	01700	SOCIAL SERVICE	3,477	0	359	0	17.00	
17.01	01701	STAFF EDUCATION	23,792	0	2,459	0	17.01	
17.02	01702	MEDICAL EDUCATION	798	0	83	0	17.02	
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	9,534	0	986	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	668,526	78,996	69,108	121,611	44,372	30.00
31.00	03100	INTENSIVE CARE UNIT	42,397	4,182	4,383	24,968	7,381	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,819	3,691	498	0	2,750	31.01
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 - I/PF	8,478	0	876	1,012	1,065	40.00
41.00	04100	SUBPROVIDER - I/RF	66,685	0	6,893	16,780	4,518	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	52,130	3,432	5,389	0	854	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	127,310	16,635	13,160	0	6,143	50.00
50.01	03330	ENDOSCOPY	0	447	0	2	1,362	50.01
51.00	05100	RECOVERY ROOM	31,047	4,354	3,209	0	1,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,947	3,720	1,545	9,491	3,530	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,248	5,531	11,707	0	3,380	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	10,787	939	1,115	0	1,353	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	28,782	251	2,975	0	602	55.00
56.00	05600	RADIOISOTOPE	19,301	0	1,995	0	558	56.00
57.00	05700	CT SCAN	18,277	1,275	1,889	0	1,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,975	510	928	0	507	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,914	5,671	1,852	1,605	1,897	59.00
60.00	06000	LABORATORY	50,197	0	5,189	0	6,012	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	822	0	85	0	2,912	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	16,576	245	1,713	0	3,231	65.00
66.00	06600	PHYSICAL THERAPY	26,189	2,009	2,707	0	1,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,507	0	2,327	0	1,242	67.00
68.00	06800	SPEECH PATHOLOGY	3,833	0	396	307	439	68.00
69.00	06900	ELECTROCARDIOLOGY	0	955	0	0	1,022	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	556	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1	1,155	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	3,547	0	367	0	453	73.00
74.00	07400	RENAL DIALYSIS	9,355	7,665	967	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	169,780	0	17,550	0	2,783	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	57,763	17,775	5,971	6,722	8,502	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	11800 SUBTOTALS (SUM OF LINES 1-117)	1,936,887	160,125	191,734	182,499	122,724	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,844	0	397	0	237	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	57,012	0	5,893	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	7,379	0	763	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	19,203	0	1,985	0	0	192.02
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	20200 TOTAL (sum lines 118-201)	2,024,325	160,125	200,772	182,499	122,961	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 10:58 am			
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00530	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMITTING						5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00561	PATIENT TRANSPORTATION						5.06
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	70,316				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	332,219			14.00
15.00	01500	PHARMACY	0	0	1,751	186,016		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	255	0	114,003	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	16	0	0	17.02
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 PRGM-(SPECIFY)	0	877	225	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	37,732	27,283	0	10,566	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,276	8,956	0	1,702	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,338	115	0	772	31.01
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	906	32	0	296	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,842	1,294	0	928	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	726	2,541	0	219	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	5,224	23,580	0	15,224	50.00
50.01	03330	ENDOSCOPY	0	1,158	7,578	0	1,645	50.01
51.00	05100	RECOVERY ROOM	0	1,006	503	0	1,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,002	1,710	0	614	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,204	0	3,551	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	2,677	0	1,716	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	139	0	1,783	55.00
56.00	05600	RADIOISOTOPE	0	0	6,589	0	1,427	56.00
57.00	05700	CT SCAN	0	0	4,935	0	10,581	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,314	0	2,748	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,546	0	6,037	59.00
60.00	06000	LABORATORY	0	0	44,050	28,185	13,550	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	4,576	0	882	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	4,247	0	2,756	65.00
66.00	06600	PHYSICAL THERAPY	0	0	231	0	877	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	219	0	655	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	63	0	155	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	427	0	2,023	69.00
69.01	06901	CARDIAC REHAB	0	0	79	0	61	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	782	0	3,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	147,191	0	4,437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,615	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,518	154,591	10,222	73.00
74.00	07400	RENAL DIALYSIS	0	0	57	0	671	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
90.00	09000	CLINIC	0	0	1,565	0	2,251	90.00
90.01	09001	O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,229	15,149	0	7,410	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	989	625	359	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	70,316	327,386	183,401	114,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,787	2,615	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	37	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	3	0	0	192.02
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)	0	70,316	332,219	186,016	114,003	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description		SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		
		17.00	17.01	17.02	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00561	PATIENT TRANSPORTATION					5.06
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	17,035				17.00
17.01	01701	STAFF EDUCATION	0	99,953			17.01
17.02	01702	MEDICAL EDUCATION	0	11	3,864		17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	527	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	17	0		23.00
22.00						40,074	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,186	59,549	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,872	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,922	0		31.01
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	1,072	0		40.00
41.00	04100	SUBPROVIDER - IRF	3,020	3,347	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	485	0		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	0	2,430	0		50.00
50.01	03330	ENDOSCOPY	0	159	0		50.01
51.00	05100	RECOVERY ROOM	0	356	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,244	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,970	0		54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	310	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	386	0		55.00
56.00	05600	RADIOISOTOPE	0	33	0		56.00
57.00	05700	CT SCAN	0	941	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	401	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,163	0		59.00
60.00	06000	LABORATORY	0	218	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55	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	2,083	0		65.00
66.00	06600	PHYSICAL THERAPY	0	132	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	137	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	73	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	773	0		69.00
69.01	06901	CARDIAC REHAB	0	13	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	195	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	15	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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	17.01	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	377	0			90.00
90.01 09001 O/P COUNSELING	0	0	0			90.01
91.00 09100 EMERGENCY	829	8,928	3,864			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			94.00
95.00 09500 AMBULANCE SERVICES	0	0	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
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	285	0			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	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,035	98,952	3,864	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14	0			190.00
191.00 19100 RESEARCH	0	0	0			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	954	0			192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	33	0			192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0			192.02
193.00 19300 NONPAID WORKERS	0	0	0			193.00
200.00 Cross Foot Adjustments				527	40,074	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	17,035	99,953	3,864	527	40,074	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 10:58 am
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Cost Center Description			PARAMED 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
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00520	DATA PROCESSING					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
5.06	00561	PATIENT TRANSPORTATION					5.06
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
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION					17.02
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 PRGM-(SPECIFY)	3,531				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,325,176	0	3,325,176	30.00
31.00	03100	INTENSIVE CARE UNIT		266,457	0	266,457	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		41,343	0	41,343	31.01
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 - I PF		43,574	0	43,574	40.00
41.00	04100	SUBPROVIDER - I RF		325,551	0	325,551	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		230,546	0	230,546	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		633,481	0	633,481	50.00
50.01	03330	ENDOSCOPY		20,932	0	20,932	50.01
51.00	05100	RECOVERY ROOM		142,841	0	142,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		98,340	0	98,340	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		505,144	0	505,144	54.00
54.01	03630	RADIOLOGY-ULTRASOUND		58,709	0	58,709	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		128,433	0	128,433	55.00
56.00	05600	RADIOISOTOPE		94,906	0	94,906	56.00
57.00	05700	CT SCAN		104,009	0	104,009	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		45,362	0	45,362	58.00
59.00	05900	CARDIAC CATHETERIZATION		110,136	0	110,136	59.00
60.00	06000	LABORATORY		339,553	0	339,553	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		16,846	0	16,846	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		92,635	0	92,635	65.00
66.00	06600	PHYSICAL THERAPY		120,953	0	120,953	66.00
67.00	06700	OCCUPATIONAL THERAPY		101,176	0	101,176	67.00
68.00	06800	SPEECH PATHOLOGY		18,646	0	18,646	68.00
69.00	06900	ELECTROCARDIOLOGY		7,960	0	7,960	69.00
69.01	06901	CARDIAC REHAB		3,244	0	3,244	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		9,788	0	9,788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		191,916	0	191,916	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		55,028	0	55,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		221,375	0	221,375	73.00
74.00	07400	RENAL DIALYSIS		51,899	0	51,899	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		732,118	0	732,118	90.00
90.01	09001 O/P COUNSELING		0	0	0	90.01
91.00	09100 EMERGENCY		350,187	0	350,187	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		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
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		9,848	0	9,848	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		0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,498,112	0	8,498,112	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,426	0	17,426	190.00
191.00	19100 RESEARCH		0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES		314,285	0	314,285	192.00
192.01	19201 OTHER NON-REIMBURSABLE		47,045	0	47,045	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH		81,096	0	81,096	192.02
193.00	19300 NONPAID WORKERS		0	0	0	193.00
200.00	Cross Foot Adjustments	3,531	44,132	0	44,132	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,531	9,002,096	0	9,002,096	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	1,410,133						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,906		132,254,100				4.00
5.01 00520 DATA PROCESSING	9,190		3,916,694	1,000			5.01
5.02 00530 PURCHASING RECEIVING AND STORES	7,332		895,509	0	34,562,839		5.02
5.03 00540 ADMITTING	9,717		2,014,887	0	62,706	1,377,988	5.03
5.04 00550 CASHIERING/ACCOUNTS RECEIVABLE	30,646		1,541,220	0	22,225	30,646	5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	99,579		10,493,849	1,000	190,461	99,579	5.05
5.06 00561 PATIENT TRANSPORTATION	0		529,971	0	4	0	5.06
7.00 00700 OPERATION OF PLANT	299,329		3,356,697	0	429,059	299,329	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	17,825		0	0	2,889	17,825	8.00
9.00 00900 HOUSEKEEPING	20,635		3,958,804	0	747,532	20,635	9.00
10.00 01000 DIETARY	18,848		1,959,206	0	399,089	18,848	10.00
11.00 01100 CAFETERIA	13,177		997,687	0	336	13,177	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0		0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	6,350		2,632,716	0	10,825	6,350	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	35,843		534,158	0	213,105	35,843	14.00
15.00 01500 PHARMACY	18,957		0	0	118,089	18,957	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	11,307		1,738,298	0	16,929	11,307	16.00
17.00 01700 SOCIAL SERVICE	1,629		461,696	0	0	1,629	17.00
17.01 01701 STAFF EDUCATION	11,147		0	0	0	11,147	17.01
17.02 01702 MEDICAL EDUCATION	374		82,540	0	994	374	17.02
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	4,467		0	0	0	4,467	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0		583,814	0	14,614	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	313,217		29,295,007	0	1,771,586	313,217	30.00
31.00 03100 INTENSIVE CARE UNIT	19,864		5,999,996	0	560,633	19,864	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	2,258		2,503,036	0	7,037	2,258	31.01
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 - I/PF	3,972		737,127	0	1,972	3,972	40.00
41.00 04100 SUBPROVIDER - I/RF	31,243		2,900,394	0	79,573	31,243	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	0	42.00
43.00 04300 NURSERY	24,424		622,228	0	157,310	24,424	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	59,647		4,127,090	0	1,491,433	59,647	50.00
50.01 03330 ENDOSCOPY	0		970,164	0	470,595	0	50.01
51.00 05100 RECOVERY ROOM	14,546		967,282	0	32,562	14,546	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,003		2,732,589	0	108,793	7,003	52.00
53.00 05300 ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	53,059		2,104,630	0	141,216	53,059	54.00
54.01 03630 RADIOLOGY-ULTRASOUND	5,054		1,263,712	0	163,581	5,054	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	13,485		500,386	0	9,372	13,485	55.00
56.00 05600 RADIOISOTOPE	9,043		506,577	0	402,695	9,043	56.00
57.00 05700 CT SCAN	8,563		1,023,931	0	303,901	8,563	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,205		398,531	0	80,298	4,205	58.00
59.00 05900 CARDIAC CATHETERIZATION	8,393		1,588,603	0	467,947	8,393	59.00
60.00 06000 LABORATORY	23,518		4,566,168	0	2,662,817	23,518	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	385		1,142,880	0	281,495	385	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	7,766		2,031,406	0	479,800	7,766	65.00
66.00 06600 PHYSICAL THERAPY	12,270		1,489,730	0	14,136	12,270	66.00
67.00 06700 OCCUPATIONAL THERAPY	10,545		995,208	0	16,340	10,545	67.00
68.00 06800 SPEECH PATHOLOGY	1,796		385,789	0	4,523	1,796	68.00
69.00 06900 ELECTROCARDIOLOGY	0		574,867	0	26,257	0	69.00
69.01 06901 CARDIAC REHAB	0		366,004	0	5,461	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0		891,593	0	50,167	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	8,995,665	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	11,481,561	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,662		406,458	0	398,358	1,662	73.00
74.00 07400 RENAL DIALYSIS	4,383		0	0	3,509	4,383	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.03	
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00 09000 CLINIC	79,545		2,072,944	0	97,273	79,545	90.00
90.01 09001 O/P COUNSELING	0		0	0	0	0	90.01
91.00 09100 EMERGENCY	27,063		5,856,664	0	945,969	27,063	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		1,698,237	0	104,989	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)	1,369,167		116,416,977	1,000	34,047,681	1,337,022	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801		59,791	0	172,549	1,801	190.00
191.00 19100 RESEARCH	0		0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	26,711		12,830,796	0	340,169	26,711	192.00
192.01 19201 OTHER NON-REIMBURSABLE	3,457		2,856,775	0	2,257	3,457	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	8,997		89,761	0	183	8,997	192.02
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)	9,002,096		22,713,529	16,081,610	3,499,945	2,958,042	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.383863		0.171742	16,081.610000	0.101263	2.146638	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			37,703	59,784	47,061	62,691	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000285	59.784000	0.001362	0.045495	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00530	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMITTING						5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,347,342					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	99,579	-41,094,223	253,640,149			5.05
5.06	00561	PATIENT TRANSPORTATION	0	0	733,724	53,098		5.06
7.00	00700	OPERATION OF PLANT	299,329	0	19,227,113	0	948,434	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	0	1,717,293	0	17,825	8.00
9.00	00900	HOUSEKEEPING	20,635	0	6,674,346	0	20,635	9.00
10.00	01000	DIETARY	18,848	0	4,616,999	0	18,848	10.00
11.00	01100	CAFETERIA	13,177	0	1,764,495	0	13,177	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,350	0	3,527,176	90	6,350	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	0	2,983,467	0	35,843	14.00
15.00	01500	PHARMACY	18,957	0	5,228,829	0	18,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	0	3,081,138	0	11,307	16.00
17.00	01700	SOCIAL SERVICE	1,629	0	561,619	0	1,629	17.00
17.01	01701	STAFF EDUCATION	11,147	0	141,178	0	11,147	17.01
17.02	01702	MEDICAL EDUCATION	374	0	125,385	0	374	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	186,110	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	63,075	0	4,467	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	422,432	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	313,217	0	43,421,627	19,840	313,217	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	0	8,559,469	430	19,864	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,258	0	3,132,876	0	2,258	31.01
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 - I/PF	3,972	0	1,238,096	0	3,972	40.00
41.00	04100	SUBPROVIDER - I/RF	31,243	0	4,179,083	716	31,243	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	24,424	0	1,331,752	0	24,424	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	59,647	0	10,011,502	0	59,647	50.00
50.01	03330	ENDOSCOPY	0	0	2,684,562	1,594	0	50.01
51.00	05100	RECOVERY ROOM	14,546	0	1,429,301	0	14,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	0	3,722,587	549	7,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	0	4,802,061	6,161	53,059	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	5,054	0	2,033,288	5,725	5,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,485	0	1,647,752	451	13,485	55.00
56.00	05600	RADIOISOTOPE	9,043	0	1,667,365	3,016	9,043	56.00
57.00	05700	CT SCAN	8,563	0	2,620,911	7,429	8,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	0	704,714	2,638	4,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	0	3,573,356	1,331	8,393	59.00
60.00	06000	LABORATORY	23,518	0	11,509,269	0	23,518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	0	1,509,942	0	385	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	7,766	0	3,349,987	101	7,766	65.00
66.00	06600	PHYSICAL THERAPY	12,270	0	2,033,494	0	12,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	0	1,568,659	0	10,545	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	0	513,769	0	1,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	900,872	257	0	69.00
69.01	06901	CARDIAC REHAB	0	0	856,620	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,490,289	211	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,906,593	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,644,222	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	0	12,039,838	0	1,662	73.00
74.00	07400	RENAL DIALYSIS	4,383	0	1,540,028	2	4,383	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5A.05	5.05	5.06	7.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	79,545	0	4,948,875	35	79,545	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	27,063	0	10,253,665	2,522	27,063	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	09900 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	2,460,398	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	11800 SUBTOTALS (SUM OF LINES 1-117)	1,306,376	-41,094,223	225,341,201	53,098	907,468	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	0	294,353	0	1,801	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	26,711	0	22,351,565	0	26,711	192.00
192.01	19201 OTHER NON-REIMBURSABLE	3,457	0	5,400,289	0	3,457	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	8,997	0	252,741	0	8,997	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers						201.00
202.00	20200 Cost to be allocated (per Wkst. B, Part I)	5,570,673		41,094,223	852,600	22,342,251	202.00
203.00	20300 Unit cost multiplier (Wkst. B, Part I)	4.134565		0.162018	16.057102	23.556991	203.00
204.00	20400 Cost to be allocated (per Wkst. B, Part II)	197,503		717,860	2,227	2,024,325	204.00
205.00	20500 Unit cost multiplier (Wkst. B, Part II)	0.146587		0.002830	0.041941	2.134387	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00530						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
5.06	00561						5.06
7.00	00700						7.00
8.00	00800	2,229,161					8.00
9.00	00900	0	909,974				9.00
10.00	01000	0	18,848	388,975			10.00
11.00	01100	0	13,177	0	2,654,999		11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	6,350	0	61,610	0	13.00
14.00	01400	25,625	35,843	0	29,791	0	14.00
15.00	01500	14	18,957	0	0	0	15.00
16.00	01600	0	11,307	0	76,172	0	16.00
17.00	01700	0	1,629	0	16,539	0	17.00
17.01	01701	0	11,147	0	0	0	17.01
17.02	01702	0	374	0	2,515	0	17.02
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	4,467	0	0	0	22.00
23.00	02300	0	0	0	22,259	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,099,747	313,217	259,199	958,084	0	30.00
31.00	03100	58,218	19,864	53,217	159,372	0	31.00
31.01	02060	51,390	2,258	0	59,372	0	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	3,972	2,157	23,006	0	40.00
41.00	04100	0	31,243	35,764	97,554	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	47,773	24,424	0	18,430	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	231,579	59,647	0	132,637	0	50.00
50.01	03330	6,227	0	4	29,404	0	50.01
51.00	05100	60,619	14,546	0	25,554	0	51.00
52.00	05200	51,790	7,003	20,229	76,229	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	77,003	53,059	0	72,981	0	54.00
54.01	03630	13,066	5,054	0	29,220	0	54.01
55.00	05500	3,491	13,485	0	12,999	0	55.00
56.00	05600	0	9,043	0	12,042	0	56.00
57.00	05700	17,747	8,563	0	29,499	0	57.00
58.00	05800	7,095	4,205	0	10,956	0	58.00
59.00	05900	78,945	8,393	3,420	40,950	0	59.00
60.00	06000	0	23,518	0	129,805	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	385	0	62,868	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,411	7,766	0	69,775	0	65.00
66.00	06600	27,973	12,270	0	41,497	0	66.00
67.00	06700	0	10,545	0	26,808	0	67.00
68.00	06800	0	1,796	655	9,478	0	68.00
69.00	06900	13,296	0	0	22,075	0	69.00
69.01	06901	0	0	0	12,006	0	69.01
70.00	07000	0	0	3	24,938	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	1,662	0	9,791	0	73.00
74.00	07400	106,704	4,383	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	79,545	0	60,094	0	90.00
90.01	09001	O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	247,448	27,063	14,327	183,569	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)	2,229,161	869,008	388,975	2,649,879	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,801	0	5,120	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,711	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	3,457	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	8,997	0	0	0	192.02
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)	2,415,428	8,241,809	5,979,748	2,480,132	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.083559	9.057192	15.373091	0.934137	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	160,125	200,772	182,499	122,961	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.071832	0.220635	0.469179	0.046313	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00530	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMITTING						5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06	00561	PATIENT TRANSPORTATION						5.06
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	1,785,470					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,303,403				14.00
15.00	01500	PHARMACY	0	107,030	13,303,814			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,593	0	889,424,513		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	801	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	994	0	0	0	17.02
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 PRGM-(SPECIFY)	22,259	13,744	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	958,084	1,667,343	0	82,549,644	620	30.00
31.00	03100	INTENSIVE CARE UNIT	159,372	547,315	0	13,292,985	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	59,372	7,037	0	6,027,511	0	31.01
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 - I PF	23,006	1,972	0	2,312,176	0	40.00
41.00	04100	SUBPROVIDER - I RF	97,554	79,085	0	7,252,767	142	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	18,430	155,300	0	1,711,788	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	132,637	1,441,067	0	117,712,288	0	50.00
50.01	03330	ENDOSCOPY	29,404	463,092	0	12,848,421	0	50.01
51.00	05100	RECOVERY ROOM	25,554	30,716	0	9,094,741	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,229	104,519	0	4,793,009	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	134,679	0	27,742,474	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	163,581	0	13,408,509	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,487	0	13,930,779	0	55.00
56.00	05600	RADIOISOTOPE	0	402,695	0	11,150,932	0	56.00
57.00	05700	CT SCAN	0	301,612	0	82,667,262	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	80,298	0	21,467,235	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	461,168	0	47,167,549	0	59.00
60.00	06000	LABORATORY	0	2,692,038	2,015,836	105,856,753	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	279,631	0	6,886,956	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	259,528	0	21,533,083	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,136	0	6,853,883	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,389	0	5,116,813	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,844	0	1,213,726	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,109	0	15,804,960	0	69.00
69.01	06901	CARDIAC REHAB	0	4,799	0	473,723	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	47,801	0	24,267,963	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,995,665	0	34,666,403	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,239,880	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	398,358	11,056,275	79,855,575	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,509	0	5,240,949	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	95,639	0	17,587,712	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	183,569	925,821	0	57,889,827	39	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	60,415	44,678	2,806,237	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	11800 SUBTOTALS (SUM OF LINES 1-117)	1,785,470	20,008,009	13,116,789	889,424,513	801	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	376	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	292,578	187,025	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	2,257	0	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	183	0	0	0	192.02
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)	4,364,739	4,691,427	6,719,006	4,023,865	721,189	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.444588	0.231066	0.505044	0.004524	900.360799	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,316	332,219	186,016	114,003	17,035	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.039382	0.016363	0.013982	0.000128	21.267166	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00520 DATA PROCESSING						5.01
5.02 00530 PURCHASING RECEIVING AND STORES						5.02
5.03 00540 ADMITTING						5.03
5.04 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
5.06 00561 PATIENT TRANSPORTATION						5.06
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
17.01 01701 STAFF EDUCATION	113,520					17.01
17.02 01702 MEDICAL EDUCATION	13	100				17.02
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	19	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	67,629	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	10,076	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	2,183	0	0	0	0	31.01
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 - I PF	1,218	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	3,801	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	551	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	2,760	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	181	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	404	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,549	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,237	0	0	0	0	54.00
54.01 03630 RADIOLOGY-ULTRASOUND	352	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	438	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	38	0	0	0	0	56.00
57.00 05700 CT SCAN	1,069	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	455	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,321	0	0	0	0	59.00
60.00 06000 LABORATORY	248	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	62	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	2,366	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	150	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	156	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	83	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	878	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	15	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	222	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	17	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
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	428	0	0	0	0	90.00
90.01 09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	10,140	100	100	100	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	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	324	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)	112,383	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,083	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	38	0	0	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
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)	527,602	160,536	216,263	218,981	569,345	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.647657	1,605.360000	2,162.630000	2,189.810000	5,693.450000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	99,953	3,864	527	40,074	3,531	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.880488	38.640000	5.270000	400.740000	35.310000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 10:58 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,035,250		71,035,250	71,630	71,106,880	30.00
31.00	03100	INTENSIVE CARE UNIT	12,254,110		12,254,110	28,090	12,282,200	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,009,427		4,009,427	0	4,009,427	31.01
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 - I/PF	1,695,701		1,695,701	51,150	1,746,851	40.00
41.00	04100	SUBPROVIDER - I/RF	6,962,646		6,962,646	0	6,962,646	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,504,314		2,504,314	0	2,504,314	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	15,156,405		15,156,405	7,135	15,163,540	50.00
50.01	03330	ENDOSCOPY	3,417,232		3,417,232	0	3,417,232	50.01
51.00	05100	RECOVERY ROOM	2,337,423		2,337,423	0	2,337,423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,245,264		5,245,264	0	5,245,264	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,728,120		7,728,120	0	7,728,120	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,761,023		2,761,023	0	2,761,023	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,444,707		2,444,707	0	2,444,707	55.00
56.00	05600	RADIOISOTOPE	2,435,788		2,435,788	0	2,435,788	56.00
57.00	05700	CT SCAN	3,939,543		3,939,543	0	3,939,543	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,134,100		1,134,100	0	1,134,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,949,864		4,949,864	0	4,949,864	59.00
60.00	06000	LABORATORY	16,382,427		16,382,427	68,133	16,450,560	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,921,921		1,921,921	0	1,921,921	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,384,904	0	4,384,904	7,114	4,392,018	65.00
66.00	06600	PHYSICAL THERAPY	2,867,177	0	2,867,177	0	2,867,177	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,218,735	0	2,218,735	0	2,218,735	67.00
68.00	06800	SPEECH PATHOLOGY	681,272	0	681,272	0	681,272	68.00
69.00	06900	ELECTROCARDIOLOGY	1,167,600		1,167,600	0	1,167,600	69.00
69.01	06901	CARDIAC REHAB	1,009,945		1,009,945	0	1,009,945	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,880,338		1,880,338	76,951	1,957,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,747,062		13,747,062	0	13,747,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,820,571		14,820,571	0	14,820,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,091,152		20,091,152	0	20,091,152	73.00
74.00	07400	RENAL DIALYSIS	2,072,661		2,072,661	0	2,072,661	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	8,505,330		8,505,330	39,063	8,544,393	90.00
90.01	09001	O/P COUNSELING	0		0	0	0	90.01
91.00	09100	EMERGENCY	15,234,624		15,234,624	32,198	15,266,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,102,713		12,102,713	0	12,102,713	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
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	2,909,752		2,909,752	0	2,909,752	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
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		115.00
116.00	11600	HOSPICE	0		0		116.00
200.00		Subtotal (see instructions)	272,009,101	0	272,009,101	381,464	272,390,565
201.00		Less Observation Beds	12,102,713		12,102,713		12,102,713
202.00		Total (see instructions)	259,906,388	0	259,906,388	381,464	260,287,852

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 10:58 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,548,198		61,548,198			30.00
31.00	03100	INTENSIVE CARE UNIT	13,292,985		13,292,985			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,027,511		6,027,511			31.01
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 - I/PF	2,312,176		2,312,176			40.00
41.00	04100	SUBPROVIDER - I/RF	7,252,767		7,252,767			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,711,788		1,711,788			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	72,078,470	45,633,818	117,712,288	0.128758	0.000000	50.00
50.01	03330	ENDOSCOPY	4,587,062	8,261,359	12,848,421	0.265965	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,724,825	4,369,916	9,094,741	0.257008	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,981,042	1,811,967	4,793,009	1.094357	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,044,106	18,698,368	27,742,474	0.278566	0.000000	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	4,491,171	8,917,338	13,408,509	0.205916	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290,513	12,640,266	13,930,779	0.175490	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,123,662	6,027,270	11,150,932	0.218438	0.000000	56.00
57.00	05700	CT SCAN	35,159,200	47,508,062	82,667,262	0.047655	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,885,104	12,582,131	21,467,235	0.052829	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,807,357	22,360,192	47,167,549	0.104942	0.000000	59.00
60.00	06000	LABORATORY	54,859,862	50,996,891	105,856,753	0.154760	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,775,117	1,111,839	6,886,956	0.279067	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	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	19,363,584	2,169,499	21,533,083	0.203636	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,650,082	203,801	6,853,883	0.418329	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,007,258	109,555	5,116,813	0.433617	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,129,603	84,123	1,213,726	0.561306	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,491,535	6,313,425	15,804,960	0.073876	0.000000	69.00
69.01	06901	CARDIAC REHAB	149,254	324,469	473,723	2.131932	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,969,580	14,298,383	24,267,963	0.077482	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,080,950	13,585,453	34,666,403	0.396553	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,363,068	8,876,812	28,239,880	0.524810	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,138,430	10,717,145	79,855,575	0.251594	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,844,855	396,094	5,240,949	0.395474	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	493,446	17,094,266	17,587,712	0.483595	0.000000	90.00
90.01	09001	O/P COUNSELING	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	15,215,486	42,674,341	57,889,827	0.263166	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	21,001,446	0.576280	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	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	2,806,237	2,806,237			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	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	507,850,047	381,574,466	889,424,513			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	507,850,047	381,574,466	889,424,513			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
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 - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			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	0.128819		50.00
50.01	03330 ENDOSCOPY	0.265965		50.01
51.00	05100 RECOVERY ROOM	0.257008		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566		54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490		55.00
56.00	05600 RADIOISOTOPE	0.218438		56.00
57.00	05700 CT SCAN	0.047655		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104942		59.00
60.00	06000 LABORATORY	0.155404		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.203966		65.00
66.00	06600 PHYSICAL THERAPY	0.418329		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433617		67.00
68.00	06800 SPEECH PATHOLOGY	0.561306		68.00
69.00	06900 ELECTROCARDIOLOGY	0.073876		69.00
69.01	06901 CARDIAC REHAB	2.131932		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.080653		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594		73.00
74.00	07400 RENAL DIALYSIS	0.395474		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.485816		90.00
90.01	09001 O/P COUNSELING	0.000000		90.01
91.00	09100 EMERGENCY	0.263722		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 10:58 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		71,035,250	71,630	71,106,880	30.00	
31.00	03100 INTENSIVE CARE UNIT		12,254,110	28,090	12,282,200	31.00	
31.01	02060 NEONATAL INTENSIVE CARE UNIT		4,009,427	0	4,009,427	31.01	
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 - I/PF		1,695,701	51,150	1,746,851	40.00	
41.00	04100 SUBPROVIDER - I/RF		6,962,646	0	6,962,646	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		2,504,314	0	2,504,314	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		15,156,405	7,135	15,163,540	50.00	
50.01	03330 ENDOSCOPY		3,417,232	0	3,417,232	50.01	
51.00	05100 RECOVERY ROOM		2,337,423	0	2,337,423	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,245,264	0	5,245,264	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,728,120	0	7,728,120	54.00	
54.01	03630 RADIOLOGY-ULTRASOUND		2,761,023	0	2,761,023	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,444,707	0	2,444,707	55.00	
56.00	05600 RADIOISOTOPE		2,435,788	0	2,435,788	56.00	
57.00	05700 CT SCAN		3,939,543	0	3,939,543	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,134,100	0	1,134,100	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,949,864	0	4,949,864	59.00	
60.00	06000 LABORATORY		16,382,427	68,133	16,450,560	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,921,921	0	1,921,921	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	4,384,904	7,114	4,392,018	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,867,177	0	2,867,177	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,218,735	0	2,218,735	67.00	
68.00	06800 SPEECH PATHOLOGY	0	681,272	0	681,272	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,167,600	0	1,167,600	69.00	
69.01	06901 CARDIAC REHAB		1,009,945	0	1,009,945	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,880,338	76,951	1,957,289	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,747,062	0	13,747,062	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,820,571	0	14,820,571	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		20,091,152	0	20,091,152	73.00	
74.00	07400 RENAL DIALYSIS		2,072,661	0	2,072,661	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		8,505,330	39,063	8,544,393	90.00	
90.01	09001 O/P COUNSELING		0	0	0	90.01	
91.00	09100 EMERGENCY		15,669,868	32,198	15,702,066	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		12,102,713	0	12,102,713	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00	
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		2,909,752	0	2,909,752	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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
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			115.00
116.00	11600	HOSPICE	0	0			116.00
200.00		Subtotal (see instructions)	272,444,345	0	272,444,345	381,464	272,825,809
201.00		Less Observation Beds	12,102,713	0	12,102,713		12,102,713
202.00		Total (see instructions)	260,341,632	0	260,341,632	381,464	260,723,096

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

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Part I
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		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	61,548,198		61,548,198		30.00
31.00	03100	INTENSIVE CARE UNIT	13,292,985		13,292,985		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,027,511		6,027,511		31.01
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 - I/PF	2,312,176		2,312,176		40.00
41.00	04100	SUBPROVIDER - I/RP	7,252,767		7,252,767		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,711,788		1,711,788		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	72,078,470	45,633,818	117,712,288	0.128758	50.00
50.01	03330	ENDOSCOPY	4,587,062	8,261,359	12,848,421	0.265965	50.01
51.00	05100	RECOVERY ROOM	4,724,825	4,369,916	9,094,741	0.257008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,981,042	1,811,967	4,793,009	1.094357	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,044,106	18,698,368	27,742,474	0.278566	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	4,491,171	8,917,338	13,408,509	0.205916	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,290,513	12,640,266	13,930,779	0.175490	55.00
56.00	05600	RADIOISOTOPE	5,123,662	6,027,270	11,150,932	0.218438	56.00
57.00	05700	CT SCAN	35,159,200	47,508,062	82,667,262	0.047655	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,885,104	12,582,131	21,467,235	0.052829	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,807,357	22,360,192	47,167,549	0.104942	59.00
60.00	06000	LABORATORY	54,859,862	50,996,891	105,856,753	0.154760	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,775,117	1,111,839	6,886,956	0.279067	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	19,363,584	2,169,499	21,533,083	0.203636	65.00
66.00	06600	PHYSICAL THERAPY	6,650,082	203,801	6,853,883	0.418329	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,007,258	109,555	5,116,813	0.433617	67.00
68.00	06800	SPEECH PATHOLOGY	1,129,603	84,123	1,213,726	0.561306	68.00
69.00	06900	ELECTROCARDIOLOGY	9,491,535	6,313,425	15,804,960	0.073876	69.00
69.01	06901	CARDIAC REHAB	149,254	324,469	473,723	2.131932	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,969,580	14,298,383	24,267,963	0.077482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,080,950	13,585,453	34,666,403	0.396553	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,363,068	8,876,812	28,239,880	0.524810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	69,138,430	10,717,145	79,855,575	0.251594	73.00
74.00	07400	RENAL DIALYSIS	4,844,855	396,094	5,240,949	0.395474	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	493,446	17,094,266	17,587,712	0.483595	90.00
90.01	09001	O/P COUNSELING	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	15,215,486	42,674,341	57,889,827	0.270684	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	21,001,446	0.576280	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,806,237	2,806,237		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	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	507,850,047	381,574,466	889,424,513			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	507,850,047	381,574,466	889,424,513			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
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 - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			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	0.000000		50.00
50.01	03330 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 O/P COUNSELING	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 10:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,325,176	0	3,325,176	96,784	34.36	30.00
31.00	INTENSIVE CARE UNIT	266,457		266,457	8,183	32.56	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	41,343		41,343	3,704	11.16	31.01
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	43,574	0	43,574	1,978	22.03	40.00
41.00	SUBPROVIDER - IRF	325,551	0	325,551	11,048	29.47	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	230,546		230,546	3,089	74.63	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)	4,232,647		4,232,647	124,786		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	36,564	1,256,339				30.00
31.00	INTENSIVE CARE UNIT	4,179	136,068				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
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	1,326	29,212				40.00
41.00	SUBPROVIDER - IRF	7,375	217,341				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)	49,444	1,638,960				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 10:58 am	
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	633,481	117,712,288	0.005382	29,597,463	159,294	50.00
50.01	03330 ENDOSCOPY	20,932	12,848,421	0.001629	2,054,326	3,346	50.01
51.00	05100 RECOVERY ROOM	142,841	9,094,741	0.015706	1,502,757	23,602	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	98,340	4,793,009	0.020517	56,408	1,157	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	505,144	27,742,474	0.018208	4,916,928	89,527	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	58,709	13,408,509	0.004378	1,756,093	7,688	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	128,433	13,930,779	0.009219	430,998	3,973	55.00
56.00	05600 RADIOISOTOPE	94,906	11,150,932	0.008511	2,467,103	20,998	56.00
57.00	05700 CT SCAN	104,009	82,667,262	0.001258	14,138,283	17,786	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	45,362	21,467,235	0.002113	3,744,649	7,912	58.00
59.00	05900 CARDIAC CATHETERIZATION	110,136	47,167,549	0.002335	11,817,941	27,595	59.00
60.00	06000 LABORATORY	339,553	105,856,753	0.003208	24,467,462	78,492	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	16,846	6,886,956	0.002446	2,292,770	5,608	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	92,635	21,533,083	0.004302	9,076,441	39,047	65.00
66.00	06600 PHYSICAL THERAPY	120,953	6,853,883	0.017647	1,681,806	29,679	66.00
67.00	06700 OCCUPATIONAL THERAPY	101,176	5,116,813	0.019773	900,082	17,797	67.00
68.00	06800 SPEECH PATHOLOGY	18,646	1,213,726	0.015363	494,022	7,590	68.00
69.00	06900 ELECTROCARDIOLOGY	7,960	15,804,960	0.000504	4,096,001	2,064	69.00
69.01	06901 CARDIAC REHAB	3,244	473,723	0.006848	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	9,788	24,267,963	0.000403	1,730,957	698	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	191,916	34,666,403	0.005536	9,837,991	54,463	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	55,028	28,239,880	0.001949	8,844,459	17,238	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	221,375	79,855,575	0.002772	30,124,044	83,504	73.00
74.00	07400 RENAL DIALYSIS	51,899	5,240,949	0.009903	2,872,632	28,448	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	732,118	17,587,712	0.041627	122,456	5,097	90.00
90.01	09001 O/P COUNSELING	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	350,187	57,889,827	0.006049	6,492,204	39,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	565,959	21,001,446	0.026949	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	4,821,576	794,472,851		175,516,276	771,874	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 10:58 am
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Cost Center Description	Title XVIII					Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Hospital	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
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
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	96,784	0.00	36,564	0	30.00
31.00 03100 INTENSIVE CARE UNIT	8,183	0.00	4,179	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,704	0.00	0	0	31.01
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	1,978	0.00	1,326	0	40.00
41.00 04100 SUBPROVIDER - IRF	11,048	0.00	7,375	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	3,089	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)	124,786		49,444	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	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
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
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
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
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	569,345	0	569,345	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	569,345	0	569,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	117,712,288	0.000000	0.000000	29,597,463	50.00
50.01	03330 ENDOSCOPY	0	12,848,421	0.000000	0.000000	2,054,326	50.01
51.00	05100 RECOVERY ROOM	0	9,094,741	0.000000	0.000000	1,502,757	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,793,009	0.000000	0.000000	56,408	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,742,474	0.000000	0.000000	4,916,928	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	13,408,509	0.000000	0.000000	1,756,093	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,930,779	0.000000	0.000000	430,998	55.00
56.00	05600 RADIOISOTOPE	0	11,150,932	0.000000	0.000000	2,467,103	56.00
57.00	05700 CT SCAN	0	82,667,262	0.000000	0.000000	14,138,283	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	21,467,235	0.000000	0.000000	3,744,649	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,167,549	0.000000	0.000000	11,817,941	59.00
60.00	06000 LABORATORY	0	105,856,753	0.000000	0.000000	24,467,462	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,886,956	0.000000	0.000000	2,292,770	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	21,533,083	0.000000	0.000000	9,076,441	65.00
66.00	06600 PHYSICAL THERAPY	0	6,853,883	0.000000	0.000000	1,681,806	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,116,813	0.000000	0.000000	900,082	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,213,726	0.000000	0.000000	494,022	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,804,960	0.000000	0.000000	4,096,001	69.00
69.01	06901 CARDIAC REHAB	0	473,723	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	24,267,963	0.000000	0.000000	1,730,957	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,666,403	0.000000	0.000000	9,837,991	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,239,880	0.000000	0.000000	8,844,459	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	79,855,575	0.000000	0.000000	30,124,044	73.00
74.00	07400 RENAL DIALYSIS	0	5,240,949	0.000000	0.000000	2,872,632	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	17,587,712	0.000000	0.000000	122,456	90.00
90.01	09001 O/P COUNSELING	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	569,345	57,889,827	0.009835	0.009835	6,492,204	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	569,345	794,472,851			175,516,276	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	12,328,997	0	50.00
50.01	03330 ENDOSCOPY	0	3,821,314	0	50.01
51.00	05100 RECOVERY ROOM	0	1,611,869	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	33,648	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,342,355	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	1,317,151	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,065,689	0	55.00
56.00	05600 RADIOISOTOPE	0	2,267,878	0	56.00
57.00	05700 CT SCAN	0	12,228,379	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,323,082	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,257,175	0	59.00
60.00	06000 LABORATORY	0	854,528	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	181,187	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	500,839	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	944	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,755,234	0	69.00
69.01	06901 CARDIAC REHAB	0	73,968	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,255,744	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,314,643	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,459,571	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,211,154	0	73.00
74.00	07400 RENAL DIALYSIS	0	246,501	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	5,258,220	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	90.01
91.00	09100 EMERGENCY	63,851	7,357,314	72,359	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,457,373	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	63,851	94,524,757	72,359	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.128758	12,328,997	0	0	1,587,457	50.00
50.01	03330 ENDOSCOPY	0.265965	3,821,314	0	0	1,016,336	50.01
51.00	05100 RECOVERY ROOM	0.257008	1,611,869	0	0	414,263	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357	33,648	0	0	36,823	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566	6,342,355	0	0	1,766,764	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916	1,317,151	0	0	271,222	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490	4,065,689	0	0	713,488	55.00
56.00	05600 RADIOISOTOPE	0.218438	2,267,878	0	0	495,391	56.00
57.00	05700 CT SCAN	0.047655	12,228,379	0	0	582,743	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	3,323,082	0	0	175,555	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104942	12,257,175	0	0	1,286,292	59.00
60.00	06000 LABORATORY	0.154760	854,528	932	0	132,247	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	181,187	0	0	50,563	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.203636	500,839	0	0	101,989	65.00
66.00	06600 PHYSICAL THERAPY	0.418329	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433617	944	0	0	409	67.00
68.00	06800 SPEECH PATHOLOGY	0.561306	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073876	1,755,234	0	0	129,670	69.00
69.01	06901 CARDIAC REHAB	2.131932	73,968	0	0	157,695	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.077482	1,255,744	0	0	97,298	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	4,314,643	0	0	1,710,985	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	3,459,571	0	0	1,815,617	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594	6,211,154	0	12,091	1,562,689	73.00
74.00	07400 RENAL DIALYSIS	0.395474	246,501	0	0	97,485	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.483595	5,258,220	0	0	2,542,849	90.00
90.01	09001 O/P COUNSELING	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.263166	7,357,314	0	0	1,936,195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	3,457,373	0	0	1,992,415	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		94,524,757	932	12,091	20,674,440	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		94,524,757	932	12,091	20,674,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	03330	ENDOSCOPY	0	0			50.01
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0			54.01
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	144	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD 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
69.01	06901	CARDIAC REHAB	0	0			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,042			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	O/P COUNSELING	0	0			90.01
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	144	3,042			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	144	3,042			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 10:58 am	
		Component CCN: 15S002		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	633,481	117,712,288	0.005382	14,102	76 50.00
50.01	03330	ENDOSCOPY	20,932	12,848,421	0.001629	0	0 50.01
51.00	05100	RECOVERY ROOM	142,841	9,094,741	0.015706	1,577	25 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,340	4,793,009	0.020517	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505,144	27,742,474	0.018208	26,004	473 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	58,709	13,408,509	0.004378	5,159	23 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	128,433	13,930,779	0.009219	0	0 55.00
56.00	05600	RADIOISOTOPE	94,906	11,150,932	0.008511	0	0 56.00
57.00	05700	CT SCAN	104,009	82,667,262	0.001258	58,083	73 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,362	21,467,235	0.002113	13,198	28 58.00
59.00	05900	CARDIAC CATHETERIZATION	110,136	47,167,549	0.002335	345	1 59.00
60.00	06000	LABORATORY	339,553	105,856,753	0.003208	306,704	984 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,846	6,886,956	0.002446	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	92,635	21,533,083	0.004302	1,968	8 65.00
66.00	06600	PHYSICAL THERAPY	120,953	6,853,883	0.017647	18,122	320 66.00
67.00	06700	OCCUPATIONAL THERAPY	101,176	5,116,813	0.019773	9,680	191 67.00
68.00	06800	SPEECH PATHOLOGY	18,646	1,213,726	0.015363	1,217	19 68.00
69.00	06900	ELECTROCARDIOLOGY	7,960	15,804,960	0.000504	14,792	7 69.00
69.01	06901	CARDIAC REHAB	3,244	473,723	0.006848	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,788	24,267,963	0.000403	371	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,916	34,666,403	0.005536	15,184	84 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,028	28,239,880	0.001949	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	221,375	79,855,575	0.002772	252,324	699 73.00
74.00	07400	RENAL DIALYSIS	51,899	5,240,949	0.009903	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	732,118	17,587,712	0.041627	0	0 90.00
90.01	09001	O/P COUNSELING	0	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	350,187	57,889,827	0.006049	135,815	822 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	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	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	4,255,617	794,472,851		874,645	3,833 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	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
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
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
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
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	569,345	0	569,345	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	569,345	0	569,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	117,712,288	0.000000	0.000000	14,102	50.00
50.01	03330	ENDOSCOPY	0	12,848,421	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	9,094,741	0.000000	0.000000	1,577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,793,009	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	27,742,474	0.000000	0.000000	26,004	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	13,408,509	0.000000	0.000000	5,159	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,930,779	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	11,150,932	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	82,667,262	0.000000	0.000000	58,083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,467,235	0.000000	0.000000	13,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	47,167,549	0.000000	0.000000	345	59.00
60.00	06000	LABORATORY	0	105,856,753	0.000000	0.000000	306,704	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,886,956	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	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,533,083	0.000000	0.000000	1,968	65.00
66.00	06600	PHYSICAL THERAPY	0	6,853,883	0.000000	0.000000	18,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,116,813	0.000000	0.000000	9,680	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,213,726	0.000000	0.000000	1,217	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,804,960	0.000000	0.000000	14,792	69.00
69.01	06901	CARDIAC REHAB	0	473,723	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,267,963	0.000000	0.000000	371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,666,403	0.000000	0.000000	15,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,239,880	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,855,575	0.000000	0.000000	252,324	73.00
74.00	07400	RENAL DIALYSIS	0	5,240,949	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
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	17,587,712	0.000000	0.000000	0	90.00
90.01	09001	O/P COUNSELING	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	569,345	57,889,827	0.009835	0.009835	135,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	569,345	794,472,851			874,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
Title XVII I		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	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
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	54.01
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	3,940	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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	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
69.01	06901 CARDIAC REHAB	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	90.01
91.00	09100 EMERGENCY	1,336	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	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	1,336	3,940	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am	
		Component CCN: 15S002	Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.128758	0	0	0
50.01	03330 ENDOSCOPY	0.265965	0	0	0
51.00	05100 RECOVERY ROOM	0.257008	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566	0	0	0
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490	0	0	0
56.00	05600 RADIOISOTOPE	0.218438	0	0	0
57.00	05700 CT SCAN	0.047655	3,940	0	188
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.104942	0	0	0
60.00	06000 LABORATORY	0.154760	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.203636	0	0	0
66.00	06600 PHYSICAL THERAPY	0.418329	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.433617	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.561306	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.073876	0	0	0
69.01	06901 CARDIAC REHAB	2.131932	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.077482	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594	0	0	0
74.00	07400 RENAL DIALYSIS	0.395474	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0
90.00	09000 CLINIC	0.483595	0	0	0
90.01	09001 O/P COUNSELING	0.000000	0	0	0
91.00	09100 EMERGENCY	0.263166	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0
200.00	Subtotal (see instructions)		3,940	0	188
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		3,940	0	188

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15S002	Title XVII I	Subprovider - IPF
				PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	54.01
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	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD 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
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	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	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 10:58 am	
		Component CCN: 15T002		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	633,481	117,712,288	0.005382	159,002	856 50.00
50.01	03330	ENDOSCOPY	20,932	12,848,421	0.001629	33,003	54 50.01
51.00	05100	RECOVERY ROOM	142,841	9,094,741	0.015706	20,581	323 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,340	4,793,009	0.020517	286	6 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505,144	27,742,474	0.018208	186,352	3,393 54.00
54.01	03630	RADIOLOGY-ULTRASOUND	58,709	13,408,509	0.004378	47,306	207 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	128,433	13,930,779	0.009219	115,995	1,069 55.00
56.00	05600	RADIOISOTOPE	94,906	11,150,932	0.008511	23,841	203 56.00
57.00	05700	CT SCAN	104,009	82,667,262	0.001258	250,608	315 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,362	21,467,235	0.002113	131,873	279 58.00
59.00	05900	CARDIAC CATHETERIZATION	110,136	47,167,549	0.002335	176,328	412 59.00
60.00	06000	LABORATORY	339,553	105,856,753	0.003208	1,239,036	3,975 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,846	6,886,956	0.002446	61,139	150 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	92,635	21,533,083	0.004302	343,327	1,477 65.00
66.00	06600	PHYSICAL THERAPY	120,953	6,853,883	0.017647	2,401,827	42,385 66.00
67.00	06700	OCCUPATIONAL THERAPY	101,176	5,116,813	0.019773	2,207,727	43,653 67.00
68.00	06800	SPEECH PATHOLOGY	18,646	1,213,726	0.015363	141,809	2,179 68.00
69.00	06900	ELECTROCARDIOLOGY	7,960	15,804,960	0.000504	25,856	13 69.00
69.01	06901	CARDIAC REHAB	3,244	473,723	0.006848	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,788	24,267,963	0.000403	32,751	13 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,916	34,666,403	0.005536	265,629	1,471 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,028	28,239,880	0.001949	7,592	15 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	221,375	79,855,575	0.002772	3,051,051	8,458 73.00
74.00	07400	RENAL DIALYSIS	51,899	5,240,949	0.009903	296,340	2,935 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	732,118	17,587,712	0.041627	15,248	635 90.00
90.01	09001	O/P COUNSELING	0	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	350,187	57,889,827	0.006049	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	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	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	4,255,617	794,472,851		11,234,507	114,476 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	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
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
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
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
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	569,345	0	569,345	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	569,345	0	569,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
	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	117,712,288	0.000000	0.000000	159,002	50.00
50.01	03330 ENDOSCOPY	0	12,848,421	0.000000	0.000000	33,003	50.01
51.00	05100 RECOVERY ROOM	0	9,094,741	0.000000	0.000000	20,581	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,793,009	0.000000	0.000000	286	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,742,474	0.000000	0.000000	186,352	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	13,408,509	0.000000	0.000000	47,306	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	13,930,779	0.000000	0.000000	115,995	55.00
56.00	05600 RADIOISOTOPE	0	11,150,932	0.000000	0.000000	23,841	56.00
57.00	05700 CT SCAN	0	82,667,262	0.000000	0.000000	250,608	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	21,467,235	0.000000	0.000000	131,873	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,167,549	0.000000	0.000000	176,328	59.00
60.00	06000 LABORATORY	0	105,856,753	0.000000	0.000000	1,239,036	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,886,956	0.000000	0.000000	61,139	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	21,533,083	0.000000	0.000000	343,327	65.00
66.00	06600 PHYSICAL THERAPY	0	6,853,883	0.000000	0.000000	2,401,827	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,116,813	0.000000	0.000000	2,207,727	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,213,726	0.000000	0.000000	141,809	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,804,960	0.000000	0.000000	25,856	69.00
69.01	06901 CARDIAC REHAB	0	473,723	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	24,267,963	0.000000	0.000000	32,751	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,666,403	0.000000	0.000000	265,629	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,239,880	0.000000	0.000000	7,592	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	79,855,575	0.000000	0.000000	3,051,051	73.00
74.00	07400 RENAL DIALYSIS	0	5,240,949	0.000000	0.000000	296,340	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	17,587,712	0.000000	0.000000	15,248	90.00
90.01	09001 O/P COUNSELING	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	569,345	57,889,827	0.009835	0.009835	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	21,001,446	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	569,345	794,472,851			11,234,507	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 10:58 am
Title XVII I		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	03330 ENDOSCOPY	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	286	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	54.01
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	3,940	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,267	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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	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
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	372	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
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 O/P COUNSELING	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	8,865	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15T002	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.128758	0	0	0	0 50.00
50.01 03330 ENDOSCOPY	0.265965	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.257008	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.094357	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.278566	286	0	0	80 54.00
54.01 03630 RADIOLOGY-ULTRASOUND	0.205916	0	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.175490	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.218438	0	0	0	0 56.00
57.00 05700 CT SCAN	0.047655	3,940	0	0	188 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	4,267	0	0	225 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.104942	0	0	0	0 59.00
60.00 06000 LABORATORY	0.154760	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	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	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.203636	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.418329	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.433617	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.561306	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.073876	0	0	0	0 69.00
69.01 06901 CARDIAC REHAB	2.131932	0	0	0	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.077482	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	372	0	0	148 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.251594	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0.395474	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.483595	0	0	0	0 90.00
90.01 09001 O/P COUNSELING	0.000000	0	0	0	0 90.01
91.00 09100 EMERGENCY	0.263166	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000		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)		8,865	0	641 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		8,865	0	641 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 10:58 am
	Component CCN: 15T002	Title XVII I	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 03330 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 RADIOLOGY-ULTRASOUND	0	0		54.01
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	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD 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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 O/P COUNSELING	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	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	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		96,784	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		96,784	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)		80,311	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)		36,564	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)		71,106,880	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)		71,106,880	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)		71,106,880	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)		734.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,863,571	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)		26,863,571	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	12,282,200	8,183	1,500.94	4,179	6,272,428		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	4,009,427	3,704	1,082.46	0	0		43.01
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)					36,401,128		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					69,537,127		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,392,407		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					835,725		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,228,132		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,308,995		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)					16,473		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					734.70		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					12,102,713		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am	
		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	3,325,176	71,106,880	0.046763	12,102,713	565,959	90.00
91.00	Nursing School cost	0	71,106,880	0.000000	12,102,713	0	91.00
92.00	Allied health cost	0	71,106,880	0.000000	12,102,713	0	92.00
93.00	All other Medical Education	0	71,106,880	0.000000	12,102,713	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/27/2014 10:58 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,978	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,978	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,978	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,326	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,746,851	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,746,851	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,746,851	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)		883.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,171,044	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,171,044	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S002				Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
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)					180,998		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,352,042		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)					29,212		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,169		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					34,381		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,317,661		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	43,574	1,746,851	0.024944	0	0	90.00
91.00	Nursing School cost	0	1,746,851	0.000000	0	0	91.00
92.00	Allied health cost	0	1,746,851	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,746,851	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,048 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,048 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)			11,048 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			7,375 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)			6,962,646 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)			6,962,646 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)			6,962,646 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)			630.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,647,873 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)			4,647,873 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T002		Date/Time Prepared: 5/27/2014 10:58 am			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
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)					3,486,892		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,134,765		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)					217,341		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					114,476		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					331,817		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,802,948		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		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00
85.00 Utilization review - physician compensation (see instructions)					85.00		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00		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: 150002 Component CCN: 15T002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	325,551	6,962,646	0.046757	0	0	90.00
91.00	Nursing School cost	0	6,962,646	0.000000	0	0	91.00
92.00	Allied health cost	0	6,962,646	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,962,646	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 10:58 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		96,784	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		96,784	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)		80,311	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)		15,199	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)		3,089	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)		71,035,250	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)		71,035,250	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)		71,035,250	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)		733.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,155,458	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,155,458	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,504,314	3,089	810.72	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,254,110	8,183	1,497.51	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	4,009,427	3,704	1,082.46	0	0	43.01
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)					12,229,261	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,384,719	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	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)					16,473	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					733.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,090,523	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150002

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

Worksheet D-1
Date/Time Prepared:
5/27/2014 10:58 am

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/27/2014 10:58 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,978	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,978	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,978	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)		0	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)		3,089	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,695,701	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,695,701	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,695,701	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)		857.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15S002				Date/Time Prepared: 5/27/2014 10:58 am		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
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)						49,714		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49,714		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/27/2014 10:58 am
		Title XIX	Subprovider - IRF	Cost
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)		11,048	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,048	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)		11,048	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,216	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)		3,089	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)		6,962,646	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)		6,962,646	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)		6,962,646	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)		630.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		766,348	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)		766,348	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15T002				Date/Time Prepared: 5/27/2014 10:58 am		
		Title XIX		Subprovider - IRF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
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)						523,597		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,289,945		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,422,020	30.00
31.00	03100	INTENSIVE CARE UNIT		6,747,906	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
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 - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	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	0.128819	29,597,463	50.00
50.01	03330	ENDOSCOPY	0.265965	2,054,326	50.01
51.00	05100	RECOVERY ROOM	0.257008	1,502,757	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.094357	56,408	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278566	4,916,928	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.205916	1,756,093	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175490	430,998	55.00
56.00	05600	RADIOISOTOPE	0.218438	2,467,103	56.00
57.00	05700	CT SCAN	0.047655	14,138,283	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052829	3,744,649	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104942	11,817,941	59.00
60.00	06000	LABORATORY	0.155404	24,467,462	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	2,292,770	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.203966	9,076,441	65.00
66.00	06600	PHYSICAL THERAPY	0.418329	1,681,806	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433617	900,082	67.00
68.00	06800	SPEECH PATHOLOGY	0.561306	494,022	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073876	4,096,001	69.00
69.01	06901	CARDIAC REHAB	2.131932	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080653	1,730,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	9,837,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.524810	8,844,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251594	30,124,044	73.00
74.00	07400	RENAL DIALYSIS	0.395474	2,872,632	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.485816	122,456	90.00
90.01	09001	O/P COUNSELING	0.000000	0	90.01
91.00	09100	EMERGENCY	0.263722	6,492,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		175,516,276	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)		175,516,276	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
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		1,548,217		40.00
41.00	04100 SUBPROVIDER - IPF		0		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	0.128819	14,102	1,817	50.00
50.01	03330 ENDOSCOPY	0.265965	0	0	50.01
51.00	05100 RECOVERY ROOM	0.257008	1,577	405	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566	26,004	7,244	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916	5,159	1,062	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490	0	0	55.00
56.00	05600 RADIOISOTOPE	0.218438	0	0	56.00
57.00	05700 CT SCAN	0.047655	58,083	2,768	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	13,198	697	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104942	345	36	59.00
60.00	06000 LABORATORY	0.155404	306,704	47,663	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.203966	1,968	401	65.00
66.00	06600 PHYSICAL THERAPY	0.418329	18,122	7,581	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433617	9,680	4,197	67.00
68.00	06800 SPEECH PATHOLOGY	0.561306	1,217	683	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073876	14,792	1,093	69.00
69.01	06901 CARDIAC REHAB	2.131932	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.080653	371	30	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	15,184	6,021	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594	252,324	63,483	73.00
74.00	07400 RENAL DIALYSIS	0.395474	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.485816	0	0	90.00
90.01	09001 O/P COUNSELING	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.263722	135,815	35,817	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	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)		874,645	180,998	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		874,645		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
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		4,848,510	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	0.128819	159,002	50.00
50.01	03330	ENDOSCOPY	0.265965	33,003	50.01
51.00	05100	RECOVERY ROOM	0.257008	20,581	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.094357	286	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278566	186,352	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.205916	47,306	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175490	115,995	55.00
56.00	05600	RADIOISOTOPE	0.218438	23,841	56.00
57.00	05700	CT SCAN	0.047655	250,608	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052829	131,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104942	176,328	59.00
60.00	06000	LABORATORY	0.155404	1,239,036	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	61,139	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.203966	343,327	65.00
66.00	06600	PHYSICAL THERAPY	0.418329	2,401,827	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433617	2,207,727	67.00
68.00	06800	SPEECH PATHOLOGY	0.561306	141,809	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073876	25,856	69.00
69.01	06901	CARDIAC REHAB	2.131932	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.080653	32,751	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	265,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.524810	7,592	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251594	3,051,051	73.00
74.00	07400	RENAL DIALYSIS	0.395474	296,340	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.485816	15,248	90.00
90.01	09001	O/P COUNSELING	0.000000	0	90.01
91.00	09100	EMERGENCY	0.263722	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		11,234,507	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)		11,234,507	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 10:58 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,542,348	30.00
31.00	03100	INTENSIVE CARE UNIT		1,700,772	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		3,808,445	31.01
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 - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,041,208	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.128758	12,766,359	50.00
50.01	03330	ENDOSCOPY	0.265965	560,012	50.01
51.00	05100	RECOVERY ROOM	0.257008	931,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.094357	2,121,381	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278566	1,153,474	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.205916	835,516	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.175490	279,729	55.00
56.00	05600	RADIOISOTOPE	0.218438	614,840	56.00
57.00	05700	CT SCAN	0.047655	4,465,562	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.052829	1,201,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104942	2,724,738	59.00
60.00	06000	LABORATORY	0.154760	9,317,538	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	145,045	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.203636	3,284,933	65.00
66.00	06600	PHYSICAL THERAPY	0.418329	659,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433617	482,005	67.00
68.00	06800	SPEECH PATHOLOGY	0.561306	124,945	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073876	1,114,915	69.00
69.01	06901	CARDIAC REHAB	2.131932	20,795	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.077482	2,283,349	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.524810	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.251594	10,689,967	73.00
74.00	07400	RENAL DIALYSIS	0.395474	298,419	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.483595	63,960	90.00
90.01	09001	O/P COUNSELING	0.000000	0	90.01
91.00	09100	EMERGENCY	0.270684	2,910,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		59,051,649	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		59,051,649	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
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		397,844		40.00
41.00	04100 SUBPROVIDER - IRF		0		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	0.128758	0	0	50.00
50.01	03330 ENDOSCOPY	0.265965	0	0	50.01
51.00	05100 RECOVERY ROOM	0.257008	958	246	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566	5,176	1,442	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916	832	171	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490	0	0	55.00
56.00	05600 RADIOISOTOPE	0.218438	0	0	56.00
57.00	05700 CT SCAN	0.047655	12,290	586	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104942	0	0	59.00
60.00	06000 LABORATORY	0.154760	86,920	13,452	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.203636	421	86	65.00
66.00	06600 PHYSICAL THERAPY	0.418329	2,898	1,212	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433617	1,710	741	67.00
68.00	06800 SPEECH PATHOLOGY	0.561306	508	285	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073876	2,718	201	69.00
69.01	06901 CARDIAC REHAB	2.131932	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.077482	331	26	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	3,280	1,301	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594	70,335	17,696	73.00
74.00	07400 RENAL DIALYSIS	0.395474	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.483595	0	0	90.00
90.01	09001 O/P COUNSELING	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.270684	45,325	12,269	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	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)		233,702	49,714	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		233,702		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
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		790,350		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	0.128758	0	0	50.00
50.01	03330 ENDOSCOPY	0.265965	1,737	462	50.01
51.00	05100 RECOVERY ROOM	0.257008	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.094357	9,640	10,550	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278566	13,807	3,846	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.205916	5,241	1,079	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.175490	0	0	55.00
56.00	05600 RADIOISOTOPE	0.218438	3,735	816	56.00
57.00	05700 CT SCAN	0.047655	45,710	2,178	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.052829	28,265	1,493	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104942	0	0	59.00
60.00	06000 LABORATORY	0.154760	149,560	23,146	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.279067	3,566	995	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.203636	29,207	5,948	65.00
66.00	06600 PHYSICAL THERAPY	0.418329	402,189	168,247	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433617	350,917	152,164	67.00
68.00	06800 SPEECH PATHOLOGY	0.561306	31,793	17,846	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073876	2,179	161	69.00
69.01	06901 CARDIAC REHAB	2.131932	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.077482	1,907	148	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.396553	12,939	5,131	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.524810	1,137	597	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.251594	476,259	119,824	73.00
74.00	07400 RENAL DIALYSIS	0.395474	22,672	8,966	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.483595	0	0	90.00
90.01	09001 O/P COUNSELING	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.270684	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.576280	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)		1,592,460	523,597	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,592,460		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 10:58 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		39,810,110	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		13,606,204	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)		1,964,250	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		3,681,808	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		412.87	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)		8.53	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)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.00	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)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		3.01	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.		2.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.91	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		2.91	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007048	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007214	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007048	21.00
22.00	IME payment adjustment (see instructions)		219,542	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)		219,542	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.94	31.00
32.00	Sum of lines 30 and 31		37.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.52	33.00
34.00	Disproportionate share adjustment (see instructions)		8,867,033	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000913951	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			8,267,947	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			2,083,977	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,083,977		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)			6,081	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			633	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			10.41	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			5,078	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			1.146017	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			435.60	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			316,000	46.00
47.00	Subtotal (see instructions)			66,867,116	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)			66,867,116	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			4,625,300	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).			75,832	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			8,499	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)			63,851	58.00
59.00	Total (sum of amounts on lines 49 through 58)			71,640,598	59.00
60.00	Primary payer payments			70,726	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			71,569,872	61.00
62.00	Deductibles billed to program beneficiaries			4,533,888	62.00
63.00	Coinurance billed to program beneficiaries			963,241	63.00
64.00	Allowable bad debts (see instructions)			978,868	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			636,264	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			525,974	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			66,709,007	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			125,063	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-457,240	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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		66,376,830		71.00
71.01	Sequestration adjustment (see instructions)		1,002,290		71.01
72.00	Interim payments		64,919,412		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		455,128		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2014 10:58 am

		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	39,810,110	0	39,810,110	0	39,810,110	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	13,606,204	0	0	13,606,204	13,606,204	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	1,964,250	0	1,452,085	512,165	1,964,250	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	3,681,808	1,092,195	2,589,613	0	3,681,808	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007048	0.007048	0.007048	0.007048		5.00
6.00	IME payment adjustment (see instructions)	22.00	219,542	4,199	163,027	52,316	219,542	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	219,542	4,199	163,027	52,316	219,542	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2052	0.2052	0.2052	0.2052		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	8,867,033	0	8,169,035	697,998	8,867,033	11.00
11.01	Uncompensated care payments	36.00	2,083,977	0	0	2,083,977	2,083,977	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	316,000	0	236,351	79,649	316,000	12.00
13.00	Subtotal (see instructions)	47.00	66,867,116	4,199	49,830,608	17,032,309	66,867,116	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	66,867,116	4,199	49,830,608	17,032,309	66,867,116	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	4,625,300	0	3,445,549	1,179,751	4,625,300	16.00
17.00	Special add-on payments for new technologies	54.00	8,499	0	6,793	1,705	8,498	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			4,199	53,282,950	18,213,765	71,500,914	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2014 10:58 am

		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	4,253,174	0	3,165,868	1,087,306	4,253,174	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	18,688	0	16,599	2,090	18,689	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	0.0033	0.0033	0.0033	0.0033		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	14,035	0	10,447	3,588	14,035	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0798	0.0798	0.0798	0.0798		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	339,403	0	252,636	86,767	339,403	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	4,625,300	0	3,445,549	1,179,751	4,625,300	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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 10:58 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,186	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,602,081	2.00
3.00	PPS payments		17,973,875	3.00
4.00	Outlier payment (see instructions)		171,234	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		72,359	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,186	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,023	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)		13,023	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		13,023	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,837	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)		3,186	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)		18,217,468	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,906,978	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)		14,313,676	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		19,858	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)		14,333,534	30.00
31.00	Primary payer payments		3,166	31.00
32.00	Subtotal (line 30 minus line 31)		14,330,368	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)		884,697	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		575,053	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		652,010	36.00
37.00	Subtotal (see instructions)		14,905,421	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-56	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,905,477	40.00
40.01	Sequestration adjustment (see instructions)		225,073	40.01
41.00	Interim payments		14,549,662	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		130,742	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15S002	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		188	2.00
3.00	PPS payments		293	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		293	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		113	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)		180	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)		180	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		180	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		180	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)		180	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		180	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-3	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15T002	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		641	2.00
3.00	PPS payments		863	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		863	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		311	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)		552	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)		552	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		552	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		552	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)		552	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
41.00	Interim payments		545	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	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: 150002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 10:58 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		63,954,170		14,013,382	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		965,242		536,280	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)		64,919,412		14,549,662	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		455,128		130,742	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		65,374,540		14,680,404	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: 150002
Component CCN: 15S002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 10:58 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		920,212		180	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)		920,212		180	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		18,878		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		3	6.02
7.00	Total Medicare program liability (see instructions)		939,090		177	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: 150002
Component CCN: 15T002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 10:58 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		8,802,448		545	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)		8,802,448		545	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		86,323		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		8,888,771		544	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: 150002

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2014 10:58 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,266 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			40,743 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,205 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			92,198 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			889,424,513 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			54,611,600 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)			1,275,693 8.00
9.00	Sequestration adjustment amount (see instructions)			25,514 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,250,179 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,447,319 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)			-197,140 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15S002	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,072,266	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		5.419178	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,072,266	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,072,266	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,072,266	18.00
19.00	Deductibles		114,820	19.00
20.00	Subtotal (line 18 minus line 19)		957,446	20.00
21.00	Coinsurance		23,857	21.00
22.00	Subtotal (line 20 minus line 21)		933,589	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		28,559	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		18,563	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		16,295	25.00
26.00	Subtotal (sum of lines 22 and 24)		952,152	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,336	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		953,488	31.00
31.01	Sequestration adjustment (see instructions)		14,398	31.01
32.00	Interim payments		920,212	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		18,878	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period:	Worksheet E-3
		Component CCN: 15T002	From 01/01/2013 To 12/31/2013	Part III Date/Time Prepared: 5/27/2014 10:58 am
		Title XVIIII	Subprovider - IRF	PPS
			Prior to 10/01	On/After 10/01
			1.00	1.01
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	6,238,254	2,030,519	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0635		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	529,628	117,161	3.00
4.00	Outlier Payments	232,919		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)	30.268493		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)	9,148,481		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)	9,148,481		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	9,148,481		19.00
20.00	Deductibles	36,704		20.00
21.00	Subtotal (line 19 minus line 20)	9,111,777		21.00
22.00	Coinurance	86,728		22.00
23.00	Subtotal (line 21 minus line 22)	9,025,049		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)	9,025,049		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	9,025,049		32.00
32.01	Sequestration adjustment (see instructions)	136,278		32.01
33.00	Interim payments	8,802,448		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	86,323		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	232,919		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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		23,384,719		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)		23,384,719	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)		23,384,719	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		16,092,773		8.00
9.00	Ancillary service charges		59,051,649	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)		75,144,422	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)		75,144,422	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		51,759,703	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)		23,384,719	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)		23,384,719	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)		23,384,719	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		23,384,719	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		23,384,719	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)		23,384,719	0	40.00
41.00	Interim payments		27,120,876	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-3,736,157	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 10:58 am	
		Title XIX	Subprovider - IPF	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	49,714			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)	49,714	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)	49,714	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	397,844			8.00
9.00	Ancillary service charges	233,702	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)	631,546	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)	631,546	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	581,832	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)	49,714	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0	0		24.00
25.00	Capital exception payments (see instructions)	0	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	49,714	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)	49,714	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	49,714	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	49,714	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	49,714	0		40.00
41.00	Interim payments	235,817	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	-186,103	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 10:58 am
		Component CCN: 15T002	Title XIX	Subprovider - IRF Cost
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,289,945		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)	1,289,945	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)	1,289,945	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	790,350		8.00
9.00	Ancillary service charges	1,592,460	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)	2,382,810	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)	2,382,810	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,092,865	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)	1,289,945	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,289,945	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)	1,289,945	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,289,945	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,289,945	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	1,289,945	0	40.00
41.00	Interim payments	1,846,167	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-556,222	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 10:58 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.00	6.00
7.00	Enter the lesser of line 5 or line 6			3.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	2.54	0.00	2.54	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	2.54	0.00	2.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	2.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.44	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.33	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.44	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.44	0.00		17.00
18.00	Per resident amount	79,059.18	0.00		18.00
19.00	Approved amount for resident costs	192,904	0	192,904	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			192,904	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	49,444	3,205		26.00
27.00	Total Inpatient Days (see instructions)	105,224	105,224		27.00
28.00	Ratio of inpatient days to total inpatient days	0.469893	0.030459		28.00
29.00	Program direct GME amount	90,644	5,876		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		830		30.00
31.00	Net Program direct GME amount			95,690	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 10:58 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			5,240,949 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			79,023,934 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			70,726 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			78,953,208 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			20,678,455 42.00
43.00	Primary payer payments (see instructions)			3,166 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			20,675,289 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			99,628,497 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.792476 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.207524 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			95,690 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			75,832 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			19,858 50.00

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

Provider CCN: 150002

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

Worksheet G

Date/Time Prepared:
5/27/2014 10:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,602,172	0	0	0	1.00
2.00	Temporary investments	7,675,808	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,777,534	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	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	36,378,196	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)	93,433,710	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	129,553,250	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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)	129,553,250	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	161,381,823	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	6,020,598	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	167,402,421	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	390,389,381	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,492,181	0	0	0	37.00
38.00	Salaries, wages, and fees payable	19,222,974	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,982,791	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,460,575	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,158,521	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	77,410,140	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	19,580,899	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	96,991,039	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	144,149,560	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	246,239,821	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	246,239,821	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	390,389,381	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150002

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 10:58 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		202,216,559		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,541,331			2.00
3.00	Total (sum of line 1 and line 2)		224,757,890		0	3.00
4.00	CHANGE IN RESTRICTED NET ASSETS	37,063		0		4.00
5.00	PENSION RELATED CHANGE	2,248,280		0		5.00
6.00	ASSETS RELEASED FROM RESTRICTION	-95,334		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2,190,009		0	10.00
11.00	Subtotal (line 3 plus line 10)		226,947,899		0	11.00
12.00	PENSION RELATED CHANGES	-19,291,922		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		-19,291,922		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,239,821		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	CHANGE IN RESTRICTED NET ASSETS		0			4.00
5.00	PENSION RELATED CHANGE		0			5.00
6.00	ASSETS RELEASED FROM RESTRICTION		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	PENSION RELATED CHANGES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150002

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 10:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,320,240		81,320,240	1.00
2.00	SUBPROVIDER - IPF	2,335,696		2,335,696	2.00
3.00	SUBPROVIDER - IRF	7,252,784		7,252,784	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)	90,908,720		90,908,720	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,972,517		13,972,517	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	6,060,290		6,060,290	11.01
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)	20,032,807		20,032,807	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	110,941,527		110,941,527	17.00
18.00	Ancillary services	394,897,302	293,602,713	688,500,015	18.00
19.00	Outpatient services	21,284,806	66,636,553	87,921,359	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		2,806,237	2,806,237	22.00
23.00	AMBULANCE SERVICES	0	0	0	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	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	PHYSICIAN	0	54,483,157	54,483,157	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	527,123,635	417,528,660	944,652,295	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		311,265,596		29.00
30.00	MEDICAID ASSESSMENT FEE	0			30.00
31.00	FOUNDATION	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	AUDITED FINANCIALS ADJ	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)		311,265,596		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150002

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 10:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	944,652,295	1.00
2.00	Less contractual allowances and discounts on patients' accounts	622,877,890	2.00
3.00	Net patient revenues (line 1 minus line 2)	321,774,405	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	311,265,596	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,508,809	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,353,051	24.00
24.01	NON OPERATING REVENUE	386,050	24.01
24.02	INVESTMENT INCOME	18,509,910	24.02
24.03	NET ASSETS RELEASED FROM RESTRICTION	98,973	24.03
25.00	Total other income (sum of lines 6-24)	25,347,984	25.00
26.00	Total (line 5 plus line 25)	35,856,793	26.00
27.00	HOSPITAL ASSESSMENT FEE	12,780,552	27.00
27.01	FOUNDATION EXPENSES	534,910	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	13,315,462	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,541,331	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150002

Period: From 01/01/2013

Worksheet H

HHA CCN: 157536

To 12/31/2013

Date/Time Prepared: 5/27/2014 10:58 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	341,752	0	0	463,053	804,805	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	751,437	0	0	0	751,437	6.00
7.00	Physical Therapy	369,356	0	0	0	369,356	7.00
8.00	Occupational Therapy	116,098	0	0	0	116,098	8.00
9.00	Speech Pathology	28,757	0	0	0	28,757	9.00
10.00	Medical Social Services	3,889	0	0	0	3,889	10.00
11.00	Home Health Aide	80,360	0	0	0	80,360	11.00
12.00	Supplies (see instructions)	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	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,691,649	0	0	463,053	2,154,702	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	3,405	808,210	0	808,210		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	751,437	0	751,437		6.00
7.00	Physical Therapy	0	369,356	0	369,356		7.00
8.00	Occupational Therapy	0	116,098	0	116,098		8.00
9.00	Speech Pathology	0	28,757	0	28,757		9.00
10.00	Medical Social Services	0	3,889	0	3,889		10.00
11.00	Home Health Aide	0	80,360	0	80,360		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)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	3,405	2,158,107	0	2,158,107		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: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/27/2014 10:58 am
		HHA CCN: 157536	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	808,210	0	0	0	808,210	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	751,437	0	0	0	751,437	6.00
7.00	Physical Therapy	369,356	0	0	0	369,356	7.00
8.00	Occupational Therapy	116,098	0	0	0	116,098	8.00
9.00	Speech Pathology	28,757	0	0	0	28,757	9.00
10.00	Medical Social Services	3,889	0	0	0	3,889	10.00
11.00	Home Health Aide	80,360	0	0	0	80,360	11.00
12.00	Supplies (see instructions)	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	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,158,107	0	0	0	2,158,107	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	808,210					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	449,901	1,201,338				6.00
7.00	Physical Therapy	221,141	590,497				7.00
8.00	Occupational Therapy	69,510	185,608				8.00
9.00	Speech Pathology	17,217	45,974				9.00
10.00	Medical Social Services	2,328	6,217				10.00
11.00	Home Health Aide	48,113	128,473				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)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,158,107				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 5/27/2014 10:58 am PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	-808,210	1,349,897
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	751,437
7.00	Physical Therapy	0	0	0	0	0	369,356
8.00	Occupational Therapy	0	0	0	0	0	116,098
9.00	Speech Pathology	0	0	0	0	0	28,757
10.00	Medical Social Services	0	0	0	0	0	3,889
11.00	Home Health Aide	0	0	0	0	0	80,360
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-808,210	1,349,897
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		808,210
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.598720

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period:

Worksheet H-2

HHA CCN: 157536

From 01/01/2013
To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 10:58 am

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
		BLDG & FIXT					
	0	1.00	4.00	5.01	5.02	5.03	
1.00 Administrative and General	0	0	291,659	0	10,632	0	1.00
2.00 Skilled Nursing Care	1,201,338	0	0	0	0	0	2.00
3.00 Physical Therapy	590,497	0	0	0	0	0	3.00
4.00 Occupational Therapy	185,608	0	0	0	0	0	4.00
5.00 Speech Pathology	45,974	0	0	0	0	0	5.00
6.00 Medical Social Services	6,217	0	0	0	0	0	6.00
7.00 Home Health Aide	128,473	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)	2,158,107	0	291,659	0	10,632	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	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5A.04	5.05	5.06	7.00	8.00	
1.00 Administrative and General	0	302,291	48,977	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,201,338	194,638	0	0	0	2.00
3.00 Physical Therapy	0	590,497	95,671	0	0	0	3.00
4.00 Occupational Therapy	0	185,608	30,072	0	0	0	4.00
5.00 Speech Pathology	0	45,974	7,449	0	0	0	5.00
6.00 Medical Social Services	0	6,217	1,007	0	0	0	6.00
7.00 Home Health Aide	0	128,473	20,815	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	2,460,398	398,629	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.		0.000000					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: 150002

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157536

To 12/31/2013

Part I
Date/Time Prepared: 5/27/2014 10:58 am

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	13,960	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	13,960	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		15.00	16.00	17.00	17.01	17.02	21.00	
1.00	Administrative and General	22,564	12,695	0	1,506	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)	22,564	12,695	0	1,506	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: 150002

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157536

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 10:58 am

Home Health
Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
	SERVICES-OTHER PRGM COSTS						
	22.00						
1.00 Administrative and General	0	0	401,993	0	401,993		1.00
2.00 Skilled Nursing Care	0	0	1,395,976	0	1,395,976	223,773	2.00
3.00 Physical Therapy	0	0	686,168	0	686,168	109,993	3.00
4.00 Occupational Therapy	0	0	215,680	0	215,680	34,574	4.00
5.00 Speech Pathology	0	0	53,423	0	53,423	8,564	5.00
6.00 Medical Social Services	0	0	7,224	0	7,224	1,158	6.00
7.00 Home Health Aide	0	0	149,288	0	149,288	23,931	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	2,909,752	0	2,909,752	401,993	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.						0.160300	21.00
Cost Center Description	Total HHA Costs						
	28.00						
1.00 Administrative and General							1.00
2.00 Skilled Nursing Care	1,619,749						2.00
3.00 Physical Therapy	796,161						3.00
4.00 Occupational Therapy	250,254						4.00
5.00 Speech Pathology	61,987						5.00
6.00 Medical Social Services	8,382						6.00
7.00 Home Health Aide	173,219						7.00
8.00 Supplies (see instructions)	0						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All Others (specify)	0						19.00
20.00 Total (sum of lines 1-19) (2)	2,909,752						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 STATISTICAL BASIS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2014 10:58 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00						
1.00 Administrative and General	0	1,698,237	0	0	104,989	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,698,237	0	0	104,989	0	0	20.00
21.00 Total cost to be allocated	0	291,659	0	0	10,632	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.171742	0.000000	0.000000	0.101268	0.000000	0.000000	22.00
Cost Center Description	Reconciliation		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5A.05							
	5A.05	5.05						
1.00 Administrative and General	0	302,291	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,201,338	0	0	0	0	0	2.00
3.00 Physical Therapy	0	590,497	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	185,608	0	0	0	0	0	4.00
5.00 Speech Pathology	0	45,974	0	0	0	0	0	5.00
6.00 Medical Social Services	0	6,217	0	0	0	0	0	6.00
7.00 Home Health Aide	0	128,473	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	2,460,398	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	398,629	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.162018	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/27/2014 10:58 am
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			Home Health Agency I	PPS
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Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	60,415	44,678	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	60,415	44,678	20.00
21.00	Total cost to be allocated	0	0	0	13,960	22,564	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.231068	0.505036	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	16.00	17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	2,806,237	0	324	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)	2,806,237	0	324	0	0	20.00
21.00	Total cost to be allocated	12,695	0	1,506	0	0	21.00
22.00	Unit cost multiplier	0.004524	0.000000	4.648148	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2014 10:58 am
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/27/2014 10:58 am		
				HHA CCN: 157536	Title XVIII Home Health Agency I		PPS	
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 (col. 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	1,619,749		1,619,749	9,765	165.87	1.00
2.00	Physical Therapy	3.00	796,161	0	796,161	4,894	162.68	2.00
3.00	Occupational Therapy	4.00	250,254	0	250,254	1,353	184.96	3.00
4.00	Speech Pathology	5.00	61,987	0	61,987	171	362.50	4.00
5.00	Medical Social Services	6.00	8,382		8,382	63	133.05	5.00
6.00	Home Health Aide	7.00	173,219		173,219	2,896	59.81	6.00
7.00	Total (sum of lines 1-6)		2,909,752	0	2,909,752	19,142		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		23844	2,138	1,896			8.00
8.01	Skilled Nursing Care		23844	0	0			8.01
9.00	Physical Therapy		23844	1,327	882			9.00
9.01	Physical Therapy		23844	0	0			9.01
10.00	Occupational Therapy		23844	353	326			10.00
10.01	Occupational Therapy		23844	0	0			10.01
11.00	Speech Pathology		23844	26	21			11.00
11.01	Speech Pathology		23844	0	0			11.01
12.00	Medical Social Services		23844	22	12			12.00
12.01	Medical Social Services		23844	0	0			12.01
13.00	Home Health Aide		23844	546	1,081			13.00
13.01	Home Health Aide		23844	0	0			13.01
14.00	Total (sum of lines 8-13)			4,412	4,218			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 (col. 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	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Part A								
Not Subject to Deductibles & Coinsurance								
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	2,138	1,896		354,630	314,490		1.00
2.00	Physical Therapy	1,327	882		215,876	143,484		2.00
3.00	Occupational Therapy	353	326		65,291	60,297		3.00
4.00	Speech Pathology	26	21		9,425	7,613		4.00
5.00	Medical Social Services	22	12		2,927	1,597		5.00
6.00	Home Health Aide	546	1,081		32,656	64,655		6.00
7.00	Total (sum of lines 1-6)	4,412	4,218		680,805	592,136		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/27/2014 10:58 am
				Title XVII I	Home Health Agency I	PPS

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
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
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	16.00
Cost Center Description		Total Program Cost (sum of col.s. 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	669,120					1.00
2.00	Physical Therapy	359,360					2.00
3.00	Occupational Therapy	125,588					3.00
4.00	Speech Pathology	17,038					4.00
5.00	Medical Social Services	4,524					5.00
6.00	Home Health Aide	97,311					6.00
7.00	Total (sum of lines 1-6)	1,272,941					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/27/2014 10:58 am
		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	0.418329	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.433617	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.561306	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.396553	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.251594	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2014 10:58 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			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
11.00	Total PPS Reimbursement - Full Episodes without Outliers		635,051	507,802
12.00	Total PPS Reimbursement - Full Episodes with Outliers		12,618	18,444
13.00	Total PPS Reimbursement - LUPA Episodes		15,022	11,170
14.00	Total PPS Reimbursement - PEP Episodes		28,193	16,620
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,952	6,583
16.00	Total PPS Outlier Reimbursement - PEP Episodes		125	1,994
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		692,961	562,613
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		692,961	562,613
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		692,961	562,613
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		692,961	562,613
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		692,961	562,613
31.01	Sequestration adjustment (see instructions)		9,832	9,250
32.00	Interim payments (see instructions)		683,129	551,774
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	1,589
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-5
Date/Time Prepared:
5/27/2014 10:58 am
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		683,129		551,774	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)		683,129		551,774	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		0		1,589	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		683,129		553,363	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150002	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 10:58 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,253,174	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,688	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)		252.60	3.00
4.00	Number of interns & residents (see instructions)		2.91	4.00
5.00	Indirect medical education percentage (see instructions)		0.33	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		14,035	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.94	8.00
9.00	Sum of lines 7 and 8		37.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.98	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		339,403	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,625,300	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