

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: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 3:02 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2014 Time: 3:02 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SCHNECK MEDICAL CENTER (150065) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	243,210	30,587	-178,683	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	93	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	243,303	30,587	-178,683	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:38 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 411 WEST TIPTON STREET		PO Box:	1.00
2.00	City: SEYMOUR		State: IN Zip Code: 47274- County: JACKSON	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N	P	N	7.00
8.00	Swing Beds - NF	SCHNECK MEDICAL CENTER	15U065	99915		03/04/1999	N		O	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	JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				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
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	8		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	1,348	564	0	8	1,389	8	24.00
25.00	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:38 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			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.		2			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.					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)		Y		Y	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	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.		N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.		N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/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: 150065

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:38 pm																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Inpatient Psychiatric Facility PPS																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00														
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00														
Inpatient Rehabilitation Facility PPS																				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00														
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Long Term Care Hospital PPS																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00														
TEFRA Providers																				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00														
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00														
<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="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
Title V and XIX Services																				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00														
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00														
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00														
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00														

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:38 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	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.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	Y		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:38 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	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:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name 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				168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75				169.00	
		Beginni ng 1.00		Endi ng 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)	12/12/2012		09/30/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 2:38 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/05/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 2:38 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE AND CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCOC.OM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/05/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		93	33,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		93				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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,558	1,521	11,277			1.00
2.00 HMO and other (see instructions)	872	1,390				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	429	0	429			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	278			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,987	1,521	11,984			7.00
8.00 INTENSIVE CARE UNIT	622	169	1,253			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		229	1,701			13.00
14.00 Total (see instructions)	5,609	1,919	14,938	0.00	678.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	6,005	278	13,498	0.00	17.21	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	9,314	304	9,695			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	695.99	27.00
28.00 Observation Bed Days		245	1,665			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			139			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	8	16			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: 150065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,115	385	3,253	1.00
2.00 HMO and other (see instructions)			187			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,115	385	3,253	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,127,271	0	46,127,271	1,538,003.36	29.99
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	712,697	712,697	8,801.00	80.98
4.00	Physician-Part A - Administrative		186,608	0	186,608	832.00	224.29
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		5,434,778	0	5,434,778	30,287.47	179.44
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)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,578,159	872	5,579,031	134,448.25	41.50
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		92,926	0	92,926	1,406.00	66.09
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		319,324	0	319,324	2,704.43	118.07
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)		10,908,780	0	10,908,780		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,511,261	0	1,511,261		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		121,050	0	121,050		
22.00	Physician Part A - Administrative		9,929	0	9,929		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		528,653	0	528,653		
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	452,847	0	452,847	14,265.57	31.74
27.00	Administrative & General	5.00	5,595,927	0	5,595,927	218,683.73	25.59
28.00	Administrative & General under contract (see inst.)		916,404	0	916,404	9,026.23	101.53
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,004,238	0	1,004,238	49,606.97	20.24
31.00	Laundry & Linen Service	8.00	44,046	0	44,046	4,198.13	10.49
32.00	Housekeeping	9.00	812,336	0	812,336	67,215.47	12.09
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	723,797	-456,331	267,466	18,007.66	14.85
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	456,331	456,331	29,084.00	15.69
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,498,218	-872	2,497,346	53,761.41	46.45
39.00	Central Services and Supply	14.00	467,565	0	467,565	27,811.33	16.81
40.00	Pharmacy	15.00	1,216,987	0	1,216,987	32,811.54	37.09
41.00	Medical Records & Medical Records Library	16.00	930,002	0	930,002	47,797.20	19.46

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	120,162	0	120,162	4,104.53	29.28	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 2:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,608,897	-712,697	40,896,200	1,507,941.12	27.12	1.00
2.00	Excluded area salaries (see instructions)	5,578,159	872	5,579,031	134,448.25	41.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,030,738	-713,569	35,317,169	1,373,492.87	25.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	412,250	0	412,250	4,110.43	100.29	4.00
5.00	Subtotal wage-related costs (see inst.)	10,918,709	0	10,918,709	0.00	30.92	5.00
6.00	Total (sum of lines 3 thru 5)	47,361,697	-713,569	46,648,128	1,377,603.30	33.86	6.00
7.00	Total overhead cost (see instructions)	14,782,529	-872	14,781,657	576,373.77	25.65	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 2:38 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,144,478	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)	7,740,942	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	60,246	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)	421,873	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	323,569	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	2,963,982	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,828	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	422,755	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,079,673	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150065

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 2:38 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150065 Component CCN: 157155		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/28/2014 2:38 pm		
				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	316.00	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).	18020					20.00	
20.01		99915					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	2,051	86	66	27	2,230	21.00	
22.00	Skilled Nursing Visit Charges	461,349	19,805	13,590	5,359	500,103	22.00	
23.00	Physical Therapy Visits	1,623	28	30	31	1,712	23.00	
24.00	Physical Therapy Visit Charges	429,535	7,588	6,775	7,859	451,757	24.00	
25.00	Occupational Therapy Visits	969	20	7	20	1,016	25.00	
26.00	Occupational Therapy Visit Charges	262,599	5,420	1,897	5,149	275,065	26.00	
27.00	Speech Pathology Visits	18	0	2	0	20	27.00	
28.00	Speech Pathology Visit Charges	4,878	0	542	0	5,420	28.00	
29.00	Medical Social Service Visits	22	1	0	0	23	29.00	
30.00	Medical Social Service Visit Charges	7,370	335	0	0	7,705	30.00	
31.00	Home Health Aide Visits	932	31	11	30	1,004	31.00	
32.00	Home Health Aide Visit Charges	117,888	3,968	1,280	3,584	126,720	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,615	166	116	108	6,005	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,283,619	37,116	24,084	21,951	1,366,770	35.00	
36.00	Total Number of Episodes (standard/non outlier)	311		36	7	354	36.00	
37.00	Total Number of Outlier Episodes		4		0	4	37.00	
38.00	Total Non-Routine Medical Supply Charges	37,170	2,389	1,578	235	41,372	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 2:38 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 2:38 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	429	429	199.00
200.00	TOTAL		0	429	429	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99915	99915	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			0		207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150065
Component CCN: 151529

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/28/2014 2:38 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	9,183	0	0	0	0	9,183	2.00
3.00	Inpatient Respite Care	83	0	0	0	0	83	3.00
4.00	General Inpatient Care	48	0	0	0	0	48	4.00
5.00	Total Hospice Days	9,314	0	0	0	0	9,314	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	243	0	0	0	0	243	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 2:38 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.361728	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,970,480	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		3,996,015	5.00	
6.00	Medicaid charges		35,659,241	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,898,946	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)		932,451	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		21,617	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		28,700	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		932,451	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	998,793	4,340,589	5,339,382	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	361,291	1,570,113	1,931,404	21.00
22.00	Partial payment by patients approved for charity care	41,156	114,220	155,376	22.00
23.00	Cost of charity care (line 21 minus line 22)	320,135	1,455,893	1,776,028	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)		0	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		212,202	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		-212,202	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		-76,759	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,699,269	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,631,720	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
	1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS								
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		8,471,002	8,471,002	-2,785,014	5,685,988	1.00		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,577,717	4,577,717	2.00		
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	452,847	13,395,262	13,848,109	332	13,848,441	4.00		
5.00 00500 ADMINISTRATIVE & GENERAL	5,595,927	12,673,578	18,269,505	-152,483	18,117,022	5.00		
7.00 00700 OPERATION OF PLANT	1,004,238	1,751,869	2,756,107	-361,972	2,394,135	7.00		
8.00 00800 LAUNDRY & LINEN SERVICE	44,046	279,487	323,533	0	323,533	8.00		
9.00 00900 HOUSEKEEPING	812,336	244,847	1,057,183	220	1,057,403	9.00		
10.00 01000 DIETARY	723,797	652,788	1,376,585	-869,625	506,960	10.00		
11.00 01100 CAFETERIA	0	0	0	867,893	867,893	11.00		
13.00 01300 NURSING ADMINISTRATION	2,498,218	583,285	3,081,503	-872	3,080,631	13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY	467,565	5,391,347	5,858,912	-5,220,239	638,673	14.00		
15.00 01500 PHARMACY	1,216,987	6,819,978	8,036,965	-5,426,117	2,610,848	15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	930,002	244,921	1,174,923	0	1,174,923	16.00		
18.00 01850 PHYSICIAN PRIVATE PRACTICE	120,162	5,348	125,510	0	125,510	18.00		
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	712,697	712,697	19.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	5,835,792	1,405,169	7,240,961	-1,866,913	5,374,048	30.00		
31.00 03100 INTENSIVE CARE UNIT	940,226	150,177	1,090,403	-91,482	998,921	31.00		
43.00 04300 NURSERY	0	0	0	292,607	292,607	43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	2,436,266	2,836,244	5,272,510	-2,146,779	3,125,731	50.00		
51.00 05100 RECOVERY ROOM	402,820	8,289	411,109	-4,077	407,032	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	211	211	1,070,581	1,070,792	52.00		
53.00 05300 ANESTHESIOLOGY	2,888,452	83,390	2,971,842	19,137	2,990,979	53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,226,682	1,192,446	3,419,128	-59,933	3,359,195	54.00		
54.01 03630 ULTRA SOUND	252,742	58,104	310,846	-30,515	280,331	54.01		
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	110,766	187,546	298,312	-138,057	160,255	54.02		
57.00 05700 CT SCAN	244,828	365,155	609,983	-117,226	492,757	57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	127,760	210,841	338,601	-34,341	304,260	58.00		
60.00 06000 LABORATORY	1,386,451	2,509,516	3,895,967	-1,201,893	2,694,074	60.00		
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	357,866	357,866	0	357,866	63.00		
64.00 06400 INTRAVENOUS THERAPY	206,192	16,860	223,052	-5,938	217,114	64.00		
65.00 06500 RESPIRATORY THERAPY	842,405	185,708	1,028,113	-144,315	883,798	65.00		
66.00 06600 PHYSICAL THERAPY	869,405	29,534	898,939	-6,860	892,079	66.00		
67.00 06700 OCCUPATIONAL THERAPY	276,887	11,318	288,205	-6,019	282,186	67.00		
68.00 06800 SPEECH PATHOLOGY	188,172	7,202	195,374	-1,080	194,294	68.00		
69.00 06900 ELECTROCARDIOLOGY	88,972	133,881	222,853	-45,924	176,929	69.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-168	-168	7,274,823	7,274,655	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,544,972	2,544,972	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,618,646	5,618,646	73.00		
76.00 03020 WOUND CARE	155,914	82,922	238,836	-41,150	197,686	76.00		
76.02 03022 CASE MANAGEMENT	467,786	66,918	534,704	-408	534,296	76.02		
76.03 03950 PAIN MANAGEMENT	605,683	19,930	625,613	-4,748	620,865	76.03		
76.97 07697 CARDIAC REHABILITATION	359,552	12,385	371,937	-916	371,021	76.97		
OUTPATIENT SERVICE COST CENTERS								
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	51,211	5,642	56,853	-598	56,255	90.00		
90.01 04951 PALLIATIVE HEALTH	89,936	2,837	92,773	0	92,773	90.01		
90.02 09000 VEIN CENTER	184,500	111,842	296,342	-3,891	292,451	90.02		
90.03 09001 OB GYN	1,909,286	317,957	2,227,243	-235,998	1,991,245	90.03		
91.00 09100 EMERGENCY	3,351,045	462,528	3,813,573	-61,052	3,752,521	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
93.00 04040 BEHAVIOURAL HEALTH	183,256	9,008	192,264	310	192,574	93.00		
OTHER REIMBURSABLE COST CENTERS								
101.00 10100 HOME HEALTH AGENCY	1,053,673	144,834	1,198,507	2,915	1,201,422	101.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE		1,628,423	1,628,423	-1,628,423	0	113.00		
116.00 11600 HOSPICE	618,610	185,661	804,271	-32,690	771,581	116.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		42,221,395	63,313,888	105,535,283	255,302	105,790,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,467,872	379,195	2,847,067	-122,952	2,724,115	192.00		
194.00 07950 WELLNESS	56,006	13,320	69,326	-3,573	65,753	194.00		
194.01 07951 PAIN MANAGEMENT	561,824	5,398	567,222	-263	566,959	194.01		
194.02 07952 EXTERNAL SVCS MARKETING	132,593	706,168	838,761	0	838,761	194.02		
194.03 07953 WASHINGTON CLINIC	176,624	1,571	178,195	0	178,195	194.03		
194.04 07954 PHYSICIAN OFFICES	235,904	96,261	332,165	-15,186	316,979	194.04		
194.05 07955 INTEGRATED MEDICINE	275,053	157,404	432,457	-113,328	319,129	194.05		
200.00	TOTAL (SUM OF LINES 118-199)		46,127,271	64,673,205	110,800,476	0	110,800,476	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,154,321	4,531,667	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,577,717	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-738	13,847,703	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,707,325	16,409,697	5.00
7.00	00700	OPERATION OF PLANT	0	2,394,135	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	323,533	8.00
9.00	00900	HOUSEKEEPING	0	1,057,403	9.00
10.00	01000	DIETARY	-47	506,913	10.00
11.00	01100	CAFETERIA	-451,409	416,484	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,080,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	638,673	14.00
15.00	01500	PHARMACY	-69	2,610,779	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-44,528	1,130,395	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	0	125,510	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-712,697	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,024	5,373,024	30.00
31.00	03100	INTENSIVE CARE UNIT	0	998,921	31.00
43.00	04300	NURSERY	0	292,607	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-532,165	2,593,566	50.00
51.00	05100	RECOVERY ROOM	0	407,032	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,070,792	52.00
53.00	05300	ANESTHESIOLOGY	-2,175,755	815,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-354,371	3,004,824	54.00
54.01	03630	ULTRA SOUND	0	280,331	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	160,255	54.02
57.00	05700	CT SCAN	0	492,757	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	304,260	58.00
60.00	06000	LABORATORY	-36,200	2,657,874	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	357,866	63.00
64.00	06400	INTRAVENOUS THERAPY	0	217,114	64.00
65.00	06500	RESPIRATORY THERAPY	0	883,798	65.00
66.00	06600	PHYSICAL THERAPY	-565	891,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	-489	281,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	194,294	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,469	173,460	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,274,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,544,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,618,646	73.00
76.00	03020	WOUND CARE	0	197,686	76.00
76.02	03022	CASE MANAGEMENT	-408,489	125,807	76.02
76.03	03950	PAIN MANAGEMENT	0	620,865	76.03
76.97	07697	CARDIAC REHABILITATION	0	371,021	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	56,255	90.00
90.01	04951	PALLIATIVE HEALTH	-1,800	90,973	90.01
90.02	09000	VEIN CENTER	-81,479	210,972	90.02
90.03	09001	OB GYN	-1,499,326	491,919	90.03
91.00	09100	EMERGENCY	-1,414,299	2,338,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIOURAL HEALTH	0	192,574	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,201,422	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-99	771,482	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,580,664	95,209,921	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,724,115	192.00
194.00	07950	WELLNESS	0	65,753	194.00
194.01	07951	PAIN MANAGEMENT	0	566,959	194.01
194.02	07952	EXTERNAL SVCS MARKETING	0	838,761	194.02
194.03	07953	WASHINGTON CLINIC	0	178,195	194.03
194.04	07954	PHYSICIAN OFFICES	0	316,979	194.04
194.05	07955	INTEGRATED MEDICINE	-363	318,766	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-10,581,027	100,219,449	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	456,331	411,562	1.00
	TOTALS		456,331	411,562	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,229,826	1.00
	TOTALS		0	5,229,826	
C - BILLIABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,589,969	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
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
	TOTALS		0	4,589,969	
E - DRUGS CHG PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,618,646	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	5,618,646	
F - CAP LEASE - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,959	1.00
	TOTALS		0	5,959	
H - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	104,720	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	53,601	2.00
	TOTALS		0	158,321	
I - BIO-MED					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	347	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,071	2.00
3.00	HOUSEKEEPING	9.00	0	220	3.00

RECLASSIFICATIONS

Provider CCN: 150065

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	DIETARY	10.00	0	231	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,587	5.00
6.00	PHARMACY	15.00	0	1,782	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	111,050	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	22,505	8.00
9.00	NURSERY	43.00	0	5,595	9.00
10.00	OPERATING ROOM	50.00	0	82,152	10.00
11.00	ANESTHESIOLOGY	53.00	0	19,205	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,741	12.00
13.00	ULTRA SOUND	54.01	0	1,124	13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	684	14.00
15.00	CT SCAN	57.00	0	1,163	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	555	16.00
17.00	LABORATORY	60.00	0	11,363	17.00
18.00	INTRAVENOUS THERAPY	64.00	0	4,549	18.00
19.00	RESPIRATORY THERAPY	65.00	0	18,280	19.00
20.00	PHYSICAL THERAPY	66.00	0	9,961	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,123	21.00
22.00	SPEECH PATHOLOGY	68.00	0	78	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	6,690	23.00
24.00	WOUND CARE	76.00	0	233	24.00
25.00	INTEGRATED MEDICINE	194.05	0	594	25.00
26.00	CARDIAC REHABILITATION	76.97	0	2,807	26.00
27.00	VEIN CENTER	90.02	0	645	27.00
28.00	OB GYN	90.03	0	5,013	28.00
29.00	EMERGENCY	91.00	0	20,269	29.00
30.00	BEHAVIOURAL HEALTH	93.00	0	310	30.00
31.00	HOME HEALTH AGENCY	101.00	0	2,043	31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,473	32.00
33.00	WELLNESS	194.00	0	361	33.00
34.00	PHYSICIAN OFFICES	194.04	0	168	34.00
	TOTALS		0	361,972	
J - DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,524,116	1.00
	TOTALS		0	4,524,116	
K - BOND INTEREST EXP					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,628,423	1.00
	TOTALS		0	1,628,423	
N - NURSERY					
1.00	NURSERY	43.00	287,215	0	1.00
	TOTALS		287,215	0	
O - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,070,581	0	1.00
	TOTALS		1,070,581	0	
P - CRNA					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	712,697	0	1.00
	TOTALS		712,697	0	
Q - HHA MSW					
1.00	HOME HEALTH AGENCY	101.00	872	0	1.00
	TOTALS		872	0	
R - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,544,972	1.00
	TOTALS		0	2,544,972	
500.00	Grand Total: Increases		2,527,696	25,073,766	500.00

RECLASSIFICATIONS

Provider CCN: 150065

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 2:38 pm

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	456,331	411,562	0	1.00
	TOTALS		456,331	411,562		
B - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,229,826	0	1.00
	TOTALS		0	5,229,826		
C - BILLIABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	233	0	2.00
3.00	DIETARY	10.00	0	1,963	0	3.00
4.00	PHARMACY	15.00	0	121,183	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	620,167	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	113,987	0	6.00
7.00	NURSERY	43.00	0	203	0	7.00
8.00	OPERATING ROOM	50.00	0	1,516,234	0	8.00
9.00	RECOVERY ROOM	51.00	0	4,077	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	68	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,380	0	11.00
12.00	ULTRA SOUND	54.01	0	31,639	0	12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,726	0	13.00
14.00	CT SCAN	57.00	0	67,466	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,405	0	15.00
16.00	LABORATORY	60.00	0	1,213,256	0	16.00
17.00	INTRAVENOUS THERAPY	64.00	0	10,487	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	150,927	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	16,821	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	7,142	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	1,158	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	12,798	0	22.00
23.00	WOUND CARE	76.00	0	41,383	0	23.00
24.00	INTEGRATED MEDICINE	194.05	0	113,402	0	24.00
25.00	CASE MANAGEMENT	76.02	0	408	0	25.00
26.00	PAIN MANAGEMENT	76.03	0	4,748	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	3,723	0	27.00
28.00	OTHER OUTPATIENT SERVICE COST CENTER	90.00	0	598	0	28.00
29.00	VEIN CENTER	90.02	0	4,536	0	29.00
30.00	OB GYN	90.03	0	234,585	0	30.00
31.00	EMERGENCY	91.00	0	81,321	0	31.00
32.00	HOSPICE	116.00	0	9,114	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	117,273	0	33.00
34.00	WELLNESS	194.00	0	926	0	34.00
35.00	PAIN MANAGEMENT	194.01	0	263	0	35.00
36.00	PHYSICIAN OFFICES	194.04	0	15,354	0	36.00
	TOTALS		0	4,589,969		
E - DRUGS CHG PATIENTS						
1.00	PHARMACY	15.00	0	5,306,716	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,294	0	2.00
3.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	137,015	0	3.00
4.00	CT SCAN	57.00	0	44,964	0	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	28,491	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	11,668	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	39,816	0	7.00
8.00	INTEGRATED MEDICINE	194.05	0	520	0	8.00
9.00	OB GYN	90.03	0	6,426	0	9.00
10.00	HOSPICE	116.00	0	23,576	0	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,152	0	11.00
12.00	WELLNESS	194.00	0	3,008	0	12.00
	TOTALS		0	5,618,646		
F - CAP LEASE - INTEREST						
1.00	CT SCAN	57.00	0	5,959	11	1.00
	TOTALS		0	5,959		
H - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	158,321	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	158,321		
I - BIO-MED						
1.00	OPERATION OF PLANT	7.00	0	361,972	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
4.00	0.00	0	0	0		4.00	
5.00	0.00	0	0	0		5.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
12.00	0.00	0	0	0		12.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
23.00	0.00	0	0	0		23.00	
24.00	0.00	0	0	0		24.00	
25.00	0.00	0	0	0		25.00	
26.00	0.00	0	0	0		26.00	
27.00	0.00	0	0	0		27.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
30.00	0.00	0	0	0		30.00	
31.00	0.00	0	0	0		31.00	
32.00	0.00	0	0	0		32.00	
33.00	0.00	0	0	0		33.00	
34.00	0.00	0	0	0		34.00	
TOTALS			361,972				
J - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,524,116	9	1.00	
TOTALS			0	4,524,116			
K - BOND INTEREST EXP							
1.00	INTEREST EXPENSE	113.00	0	1,628,423	11	1.00	
TOTALS			0	1,628,423			
N - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	287,215	0	0	1.00	
TOTALS			287,215	0			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,070,581	0	0	1.00	
TOTALS			1,070,581	0			
P - CRNA							
1.00	OPERATING ROOM	50.00	712,697	0	0	1.00	
TOTALS			712,697	0			
Q - HHA MSW							
1.00	NURSING ADMINISTRATION	13.00	872	0	0	1.00	
TOTALS			872	0			
R - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,544,972	0	1.00	
TOTALS			0	2,544,972			
500.00	Grand Total: Decreases		2,527,696	25,073,766		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,276,165	375,380	0	375,380	339,748	1.00
2.00	Land Improvements	3,997,166	12,950	0	12,950	21,438	2.00
3.00	Buildings and Fixtures	75,660,475	2,666,923	0	2,666,923	40,466	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	6,013,770	607,838	0	607,838	294,665	5.00
6.00	Movable Equipment	45,503,352	4,332,617	0	4,332,617	1,253,714	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,450,928	7,995,708	0	7,995,708	1,950,031	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,450,928	7,995,708	0	7,995,708	1,950,031	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,311,797	0				1.00
2.00	Land Improvements	3,988,678	0				2.00
3.00	Buildings and Fixtures	78,286,932	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	6,326,943	0				5.00
6.00	Movable Equipment	48,582,255	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	143,496,605	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	143,496,605	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,471,002	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,471,002	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	NEW CAP REL COSTS-BLDG & FIXT	0	8,471,002				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,471,002				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	94,914,350	0	94,914,350	0.661440	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	48,582,255	0	48,582,255	0.338560	0	2.00
3.00	Total (sum of lines 1-2)	143,496,605	0	143,496,605	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,946,886	-35,214	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,524,116	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,471,002	-35,214	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	515,275	104,720	0	0	4,531,667	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	53,601	0	0	4,577,717	2.00
3.00	Total (sum of lines 1-2)	515,275	158,321	0	0	9,109,384	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-942,835	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-117,170	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-35,214	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-6,290	ADMINISTRATIVE & GENERAL	5.00	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	-6,350,501			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	-451,409	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	-44,528	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	-6,764	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-712,697	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 150065

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

Worksheet A-8

Date/Time Prepared:
 5/28/2014 2:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00 EMPLOYEE SICK CHILD	B	-324	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00 MISC INCOME	B	-249,659	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 PHYSICIAN RECRUITMENT	A	-1,315,000	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 IHA DUES	A	-1,670	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01		0		0.00	0	36.01
37.00 AHA DUES	A	-5,103	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 TELEPHONE BENEFITS	A	-738	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00		0		0.00	0	39.00
40.00		0		0.00	0	40.00
41.00 DEVELOPMENT MARKETING	A	-5,345	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 NUTRITION MARKETING	A	-47	DIETARY	10.00	0	42.00
43.00 PHARMACY MARKETING	A	-69	PHARMACY	15.00	0	43.00
44.00		0		0.00	0	44.00
45.00 4N MEDICAL NRSNG MARKETING	A	-1,024	ADULTS & PEDIATRICS	30.00	0	45.00
45.01 OB/GYN MARKETING	A	-430	OB GYN	90.03	0	45.01
45.02 HOSPICE MARKETING	A	-99	HOSPICE	116.00	0	45.02
45.03		0		0.00	0	45.03
45.04 INTEGRATED MANAGEMENT MARKETING	A	-363	INTEGRATED MEDICINE	194.05	0	45.04
45.06 PHYSICAL THERAPY MARKETING	A	-565	PHYSICAL THERAPY	66.00	0	45.06
45.07 OCCUPATIONAL THERAPY MARKETING	A	-489	OCCUPATIONAL THERAPY	67.00	0	45.07
45.08		0		0.00	0	45.08
45.09		0		0.00	0	45.09
45.10		0		0.00	0	45.10
45.11		0		0.00	0	45.11
45.12 UNNECESSARY BORROWING	A	-176,272	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.12
45.13 BARIATRIC NP	A	-156,422	CASE MANAGEMENT	76.02	0	45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,581,027				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150065

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 2:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	54.00	RADIOLOGY-DIAGNOSTIC	466,519	279,911	186,608	217,600	1,072	1.00
2.00	60.00	LABORATORY	230,000	0	230,000	208,000	1,938	2.00
3.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	159,800	72	3.00
4.00	90.03	OB GYN	1,498,896	1,498,896	0	159,800	0	4.00
5.00	76.02	CASE MANAGEMENT	252,067	252,067	0	159,800	0	5.00
6.00	90.01	PALLIATIVE HEALTH	1,800	1,800	0	159,800	0	6.00
7.00	90.02	VEIN CENTER	81,479	81,479	0	159,800	0	7.00
8.00	91.00	EMERGENCY	186,150	186,150	0	159,800	0	8.00
9.00	91.00	EMERGENCY	1,228,149	1,228,149	0	159,800	0	9.00
10.00	50.00	OPERATING ROOM	532,165	532,165	0	182,900	0	10.00
11.00	53.00	ANESTHESIOLOGY	2,175,755	2,175,755	0	182,900	0	11.00
200.00			6,661,980	6,236,372	425,608		3,082	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	54.00	RADIOLOGY-DIAGNOSTIC	112,148	5,607	0	0	0	1.00
2.00	60.00	LABORATORY	193,800	9,690	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	5,531	277	0	0	0	3.00
4.00	90.03	OB GYN	0	0	0	0	0	4.00
5.00	76.02	CASE MANAGEMENT	0	0	0	0	0	5.00
6.00	90.01	PALLIATIVE HEALTH	0	0	0	0	0	6.00
7.00	90.02	VEIN CENTER	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
200.00			311,479	15,574	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	54.00	RADIOLOGY-DIAGNOSTIC	0	112,148	74,460	354,371		1.00
2.00	60.00	LABORATORY	0	193,800	36,200	36,200		2.00
3.00	69.00	ELECTROCARDIOLOGY	0	5,531	3,469	3,469		3.00
4.00	90.03	OB GYN	0	0	0	1,498,896		4.00
5.00	76.02	CASE MANAGEMENT	0	0	0	252,067		5.00
6.00	90.01	PALLIATIVE HEALTH	0	0	0	1,800		6.00
7.00	90.02	VEIN CENTER	0	0	0	81,479		7.00
8.00	91.00	EMERGENCY	0	0	0	186,150		8.00
9.00	91.00	EMERGENCY	0	0	0	1,228,149		9.00
10.00	50.00	OPERATING ROOM	0	0	0	532,165		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	2,175,755		11.00
200.00			0	311,479	114,129	6,350,501		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,531,667	4,531,667			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,577,717		4,577,717		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,847,703	19,277	2,590	13,869,570	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,409,697	311,030	551,210	1,699,255	5.00
7.00 00700	OPERATION OF PLANT	2,394,135	584,835	1,773,948	304,949	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	323,533	26,296	1,059	13,375	8.00
9.00 00900	HOUSEKEEPING	1,057,403	68,377	5,649	246,676	9.00
10.00 01000	DIETARY	506,913	114,682	21,478	81,219	10.00
11.00 01100	CAFETERIA	416,484	0	0	138,570	11.00
13.00 01300	NURSING ADMINISTRATION	3,080,631	110,773	121,849	758,349	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	638,673	61,940	35,172	141,982	14.00
15.00 01500	PHARMACY	2,610,779	44,026	153,044	369,553	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,130,395	43,012	5,197	282,406	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	125,510	0	0	36,489	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	216,419	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,373,024	897,626	241,795	1,359,797	30.00
31.00 03100	INTENSIVE CARE UNIT	998,921	85,575	75,383	285,511	31.00
43.00 04300	NURSERY	292,607	12,558	0	87,216	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,593,566	601,235	509,046	523,382	50.00
51.00 05100	RECOVERY ROOM	407,032	42,363	4,415	122,321	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,070,792	0	0	325,095	52.00
53.00 05300	ANESTHESIOLOGY	815,224	0	21,338	877,113	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,004,824	476,574	497,059	676,159	54.00
54.01 03630	ULTRA SOUND	280,331	0	581	76,748	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	160,255	0	1,039	33,635	54.02
57.00 05700	CT SCAN	492,757	0	47,852	74,345	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	304,260	0	172,886	38,796	58.00
60.00 06000	LABORATORY	2,657,874	102,124	47,023	421,012	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	357,866	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	217,114	19,211	7,765	62,613	64.00
65.00 06500	RESPIRATORY THERAPY	883,798	57,965	37,797	255,806	65.00
66.00 06600	PHYSICAL THERAPY	891,514	116,428	19,783	264,005	66.00
67.00 06700	OCCUPATIONAL THERAPY	281,697	0	1,246	84,080	67.00
68.00 06800	SPEECH PATHOLOGY	194,294	0	295	57,141	68.00
69.00 06900	ELECTROCARDIOLOGY	173,460	51,777	49,288	27,017	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,274,655	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,544,972	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,618,646	0	0	0	73.00
76.00 03020	WOUND CARE	197,686	0	331	47,345	76.00
76.02 03022	CASE MANAGEMENT	125,807	0	1,812	142,049	76.02
76.03 03950	PAIN MANAGEMENT	620,865	139,697	3,628	183,923	76.03
76.97 07697	CARDIAC REHABILITATION	371,021	0	1,571	109,182	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	56,255	0	2,074	15,551	90.00
90.01 04951	PALLIATIVE HEALTH	90,973	0	347	27,310	90.01
90.02 09000	VEIN CENTER	210,972	0	1,472	56,026	90.02
90.03 09001	OB GYN	491,919	94,473	77,423	579,778	90.03
91.00 09100	EMERGENCY	2,338,222	134,608	39,646	1,017,585	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04040	BEHAVIOURAL HEALTH	192,574	39,569	2,303	55,648	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,201,422	0	17,536	320,225	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	771,482	0	10,578	187,848	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	95,209,921	4,256,031	4,564,508	12,683,504	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,148	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,724,115	175,308	11,742	749,399	192.00
194.00 07950	WELLNESS	65,753	0	163	17,007	194.00
194.01 07951	PAIN MANAGEMENT	566,959	0	399	170,605	194.01
194.02 07952	EXTERNAL SVCS MARKETING	838,761	0	224	40,263	194.02
194.03 07953	WASHINGTON CLINIC	178,195	83,180	0	53,634	194.03
194.04 07954	PHYSICIAN OFFICES	316,979	0	367	71,635	194.04
194.05 07955	INTEGRATED MEDICINE	318,766	0	314	83,523	194.05
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	100,219,449	4,531,667	4,577,717	13,869,570	100,219,449	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 2:38 pm			
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	18,971,192			5.00	
7.00	00700	OPERATION OF PLANT	1,180,997	6,238,864		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	85,054	45,248	494,565	8.00	
9.00	00900	HOUSEKEEPING	321,783	113,255	2,766	1,815,909	
10.00	01000	DIETARY	169,120	185,046	0	55,901	1,134,359
11.00	01100	CAFETERIA	129,603	0	0	0	
13.00	01300	NURSING ADMINISTRATION	950,707	280,079	0	84,610	
14.00	01400	CENTRAL SERVICES & SUPPLY	204,956	99,944	0	30,192	
15.00	01500	PHARMACY	741,914	71,040	0	21,461	
16.00	01600	MEDICAL RECORDS & LIBRARY	341,141	69,402	0	20,966	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	37,826	9,688	0	2,927	
19.00	01900	NONPHYSICIAN ANESTHETISTS	50,533	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,838,112	1,448,380	269,335	437,543	1,021,063
31.00	03100	INTENSIVE CARE UNIT	337,494	138,080	24,021	41,713	113,296
43.00	04300	NURSERY	91,620	20,262	11,249	6,121	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	987,045	970,131	50,885	293,070	0
51.00	05100	RECOVERY ROOM	134,525	68,356	0	20,650	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	325,935	0	4,022	0	0
53.00	05300	ANESTHESIOLOGY	400,138	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,086,839	768,982	42,134	232,304	0
54.01	03630	ULTRA SOUND	83,513	0	0	0	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	45,515	0	0	0	0
57.00	05700	CT SCAN	143,590	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	120,471	0	0	0	0
60.00	06000	LABORATORY	753,736	164,784	0	49,780	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	83,561	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	71,614	30,998	0	9,364	0
65.00	06500	RESPIRATORY THERAPY	288,454	93,530	0	28,255	0
66.00	06600	PHYSICAL THERAPY	301,615	187,864	24,307	56,752	0
67.00	06700	OCCUPATIONAL THERAPY	85,699	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	58,778	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	70,409	83,546	22,090	25,239	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,698,610	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	594,243	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,311,937	0	0	0	0
76.00	03020	WOUND CARE	57,291	0	0	0	0
76.02	03022	CASE MANAGEMENT	62,967	29,817	0	9,007	0
76.03	03950	PAIN MANAGEMENT	221,382	225,410	0	68,095	0
76.97	07697	CARDIAC REHABILITATION	112,493	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	17,251	0	0	0	0
90.01	04951	PALLIATIVE HEALTH	27,700	0	0	0	0
90.02	09000	VEIN CENTER	62,687	0	0	0	0
90.03	09001	OB GYN	290,375	152,438	0	46,051	0
91.00	09100	EMERGENCY	824,259	217,198	43,756	65,614	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	BEHAVIOURAL HEALTH	67,736	63,847	0	19,288	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	359,395	103,325	0	31,214	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	226,471	4,026	0	1,216	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,457,094	5,644,676	494,565	1,657,333	1,134,359
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,004	27,670	0	8,359	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	854,731	406,699	0	101,936	0
194.00	07950	WELLNESS	19,362	2,791	0	843	0
194.01	07951	PAIN MANAGEMENT	172,312	0	0	0	0
194.02	07952	EXTERNAL SVCS MARKETING	205,302	5,904	0	1,784	0
194.03	07953	WASHINGTON CLINIC	73,554	134,216	0	40,546	0
194.04	07954	PHYSICIAN OFFICES	90,826	0	0	0	0
194.05	07955	INTEGRATED MEDICINE	94,007	16,908	0	5,108	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	18,971,192	6,238,864	494,565	1,815,909	1,134,359

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	684,657					11.00
13.00	01300	NURSING ADMINISTRATION	32,283	5,419,281				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,051	0	1,229,910			14.00
15.00	01500	PHARMACY	19,888	260,898	1,827	4,294,430		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,918	0	1,026	0	1,922,463	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	2,517	0	81	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	5,396	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,319	1,421,003	11,292	0	95,560	30.00
31.00	03100	INTENSIVE CARE UNIT	19,857	260,488	962	0	12,682	31.00
43.00	04300	NURSERY	6,029	79,087	0	0	9,635	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,924	720,514	18,297	0	393,845	50.00
51.00	05100	RECOVERY ROOM	8,162	0	204	0	36,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,472	294,791	25	0	47,536	52.00
53.00	05300	ANESTHESIOLOGY	13,066	0	644	0	26,872	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,753	573,971	4,030	0	109,271	54.00
54.01	03630	ULTRA SOUND	4,417	0	523	0	33,479	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,985	0	101	0	17,510	54.02
57.00	05700	CT SCAN	4,769	0	345	0	212,532	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,528	0	35	0	73,021	58.00
60.00	06000	LABORATORY	41,017	538,084	3,386	0	315,336	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	5,839	63.00
64.00	06400	INTRAVENOUS THERAPY	4,643	0	589	0	9,382	64.00
65.00	06500	RESPIRATORY THERAPY	20,259	0	898	0	35,121	65.00
66.00	06600	PHYSICAL THERAPY	17,377	227,962	1,013	0	28,287	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,246	0	117	0	11,424	67.00
68.00	06800	SPEECH PATHOLOGY	3,354	0	345	0	3,087	68.00
69.00	06900	ELECTROCARDIOLOGY	1,849	24,258	1,325	0	49,411	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	864,241	0	64,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	302,340	0	36,393	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,294,430	115,912	73.00
76.00	03020	WOUND CARE	3,080	0	47	0	4,906	76.00
76.02	03022	CASE MANAGEMENT	0	0	590	0	1,973	76.02
76.03	03950	PAIN MANAGEMENT	15,569	0	803	0	5,880	76.03
76.97	07697	CARDIAC REHABILITATION	7,522	0	303	0	1,068	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	846	0	7	0	1,120	90.00
90.01	04951	PALLIATIVE HEALTH	1,285	0	46	0	1,156	90.01
90.02	09000	VEIN CENTER	2,923	0	687	0	13,000	90.02
90.03	09001	OB GYN	19,522	0	5,465	0	13,884	90.03
91.00	09100	EMERGENCY	55,675	730,367	3,270	0	100,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIOURAL HEALTH	3,246	0	132	0	1,637	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	21,943	287,858	550	0	18,192	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,211	0	510	0	16,370	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	634,901	5,419,281	1,226,056	4,294,430	1,922,463	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,321	0	2,237	0	0	192.00
194.00	07950	WELLNESS	1,293	0	356	0	0	194.00
194.01	07951	PAIN MANAGEMENT	1,370	0	5	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	2,948	0	623	0	0	194.02
194.03	07953	WASHINGTON CLINIC	7,083	0	187	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	2,881	0	0	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	3,860	0	446	0	0	194.05
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)	684,657	5,419,281	1,229,910	4,294,430	1,922,463	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	215,038					18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	272,348				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	14,522,849	0	14,522,849	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	2,393,983	0	2,393,983	31.00
43.00 04300 NURSERY	0	0	616,384	0	616,384	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	7,715,940	0	7,715,940	50.00
51.00 05100 RECOVERY ROOM	0	0	844,303	0	844,303	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,090,668	0	2,090,668	52.00
53.00 05300 ANESTHESIOLOGY	0	272,348	2,426,743	0	2,426,743	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	7,515,900	0	7,515,900	54.00
54.01 03630 ULTRA SOUND	0	0	479,592	0	479,592	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	260,040	0	260,040	54.02
57.00 05700 CT SCAN	0	0	976,190	0	976,190	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	711,997	0	711,997	58.00
60.00 06000 LABORATORY	0	0	5,094,156	0	5,094,156	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	447,266	0	447,266	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	433,293	0	433,293	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,701,883	0	1,701,883	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,136,907	0	2,136,907	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	469,509	0	469,509	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	317,294	0	317,294	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	579,669	0	579,669	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,902,105	0	9,902,105	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	3,477,948	0	3,477,948	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	11,340,925	0	11,340,925	73.00
76.00 03020 WOUND CARE	0	0	310,686	0	310,686	76.00
76.02 03022 CASE MANAGEMENT	0	0	374,022	0	374,022	76.02
76.03 03950 PAIN MANAGEMENT	0	0	1,485,252	0	1,485,252	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	603,160	0	603,160	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	2,707	0	95,811	0	95,811	90.00
90.01 04951 PALLIATIVE HEALTH	4,112	0	152,929	0	152,929	90.01
90.02 09000 VEIN CENTER	9,353	0	357,120	0	357,120	90.02
90.03 09001 OB GYN	62,461	0	1,833,789	0	1,833,789	90.03
91.00 09100 EMERGENCY	0	0	5,570,468	0	5,570,468	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 BEHAVIOURAL HEALTH	0	0	445,980	0	445,980	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	2,361,660	0	2,361,660	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	1,231,712	0	1,231,712	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	78,633	272,348	91,278,133	0	91,278,133	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	57,181	0	57,181	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	97,011	0	5,153,499	0	5,153,499	192.00
194.00 07950 WELLNESS	0	0	107,568	0	107,568	194.00
194.01 07951 PAIN MANAGEMENT	4,382	0	916,032	0	916,032	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	0	1,095,809	0	1,095,809	194.02
194.03 07953 WASHINGTON CLINIC	22,663	0	593,258	0	593,258	194.03
194.04 07954 PHYSICIAN OFFICES	0	0	482,688	0	482,688	194.04
194.05 07955 INTEGRATED MEDICINE	12,349	0	535,281	0	535,281	194.05
200.00 Cross Foot Adjustments			0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	215,038	272,348	100,219,449	0	100,219,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2: 38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,277	2,590	21,867	21,867 4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	11,973	311,030	551,210	874,213	2,667 5. 00
7. 00 00700	OPERATION OF PLANT	13,121	584,835	1,773,948	2,371,904	481 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	26,296	1,059	27,355	21 8. 00
9. 00 00900	HOUSEKEEPING	4,927	68,377	5,649	78,953	389 9. 00
10. 00 01000	DIETARY	3,191	114,682	21,478	139,351	128 10. 00
11. 00 01100	CAFETERIA	0	0	0	0	219 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	110,773	121,849	232,622	1,196 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	61,940	35,172	97,112	224 14. 00
15. 00 01500	PHARMACY	40,840	44,026	153,044	237,910	583 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	43,012	5,197	48,209	445 16. 00
18. 00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	58 18. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	341 19. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	4,971	897,626	241,795	1,144,392	2,145 30. 00
31. 00 03100	INTENSIVE CARE UNIT	90	85,575	75,383	161,048	450 31. 00
43. 00 04300	NURSERY	0	12,558	0	12,558	138 43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	146,436	601,235	509,046	1,256,717	826 50. 00
51. 00 05100	RECOVERY ROOM	0	42,363	4,415	46,778	193 51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	513 52. 00
53. 00 05300	ANESTHESIOLOGY	0	0	21,338	21,338	1,384 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	476,574	497,059	973,633	1,067 54. 00
54. 01 03630	ULTRA SOUND	0	0	581	581	121 54. 01
54. 02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	1,039	1,039	53 54. 02
57. 00 05700	CT SCAN	0	0	47,852	47,852	117 57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	172,886	172,886	61 58. 00
60. 00 06000	LABORATORY	120	102,124	47,023	149,267	664 60. 00
63. 00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	19,211	7,765	26,976	99 64. 00
65. 00 06500	RESPIRATORY THERAPY	6,040	57,965	37,797	101,802	404 65. 00
66. 00 06600	PHYSICAL THERAPY	0	116,428	19,783	136,211	416 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	1,246	1,246	133 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	295	295	90 68. 00
69. 00 06900	ELECTROCARDIOLOGY	801	51,777	49,288	101,866	43 69. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
76. 00 03020	WOUND CARE	39,432	0	331	39,763	75 76. 00
76. 02 03022	CASE MANAGEMENT	0	0	1,812	1,812	224 76. 02
76. 03 03950	PAIN MANAGEMENT	0	139,697	3,628	143,325	290 76. 03
76. 97 07697	CARDIAC REHABILITATION	0	0	1,571	1,571	172 76. 97
OUTPATIENT SERVICE COST CENTERS						
90. 00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	2,074	2,074	25 90. 00
90. 01 04951	PALLIATIVE HEALTH	0	0	347	347	43 90. 01
90. 02 09000	VEIN CENTER	0	0	1,472	1,472	88 90. 02
90. 03 09001	OB GYN	0	94,473	77,423	171,896	915 90. 03
91. 00 09100	EMERGENCY	0	134,608	39,646	174,254	1,605 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
93. 00 04040	BEHAVIOURAL HEALTH	0	39,569	2,303	41,872	88 93. 00
OTHER REIMBURSABLE COST CENTERS						
101. 00 10100	HOME HEALTH AGENCY	125	0	17,536	17,661	505 101. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300	INTEREST EXPENSE					113. 00
116. 00 11600	HOSPICE	67,716	0	10,578	78,294	296 116. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	339,783	4,256,031	4,564,508	9,160,322	19,995 118. 00
NONREIMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,148	0	17,148	0 190. 00
192. 00 19200	PHYSICIANS' PRIVATE OFFICES	100	175,308	11,742	187,150	1,182 192. 00
194. 00 07950	WELLNESS	990	0	163	1,153	27 194. 00
194. 01 07951	PAIN MANAGEMENT	0	0	399	399	269 194. 01
194. 02 07952	EXTERNAL SVCS MARKETING	0	0	224	224	64 194. 02
194. 03 07953	WASHINGTON CLINIC	0	83,180	0	83,180	85 194. 03
194. 04 07954	PHYSICIAN OFFICES	0	0	367	367	113 194. 04
194. 05 07955	INTEGRATED MEDICINE	0	0	314	314	132 194. 05
200. 00	Cross Foot Adjustments				0	200. 00
201. 00	Negative Cost Centers				0	0 201. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
202.00 TOTAL (sum lines 118-201)	340,873	4,531,667	4,577,717	9,450,257	21,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 2:38 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	876,880			5.00
7.00	00700	OPERATION OF PLANT	54,590	2,426,975		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,931	17,602	48,909	8.00
9.00	00900	HOUSEKEEPING	14,874	44,057	274	9.00
10.00	01000	DIETARY	7,817	71,985	0	10.00
11.00	01100	CAFETERIA	5,991	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	43,945	108,953	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,474	38,879	0	14.00
15.00	01500	PHARMACY	34,294	27,635	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,769	26,998	0	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	1,748	3,769	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	2,336	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,934	563,434	26,634	30.00
31.00	03100	INTENSIVE CARE UNIT	15,600	53,714	2,376	31.00
43.00	04300	NURSERY	4,235	7,882	1,112	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,624	377,390	5,032	50.00
51.00	05100	RECOVERY ROOM	6,218	26,591	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,066	0	398	52.00
53.00	05300	ANESTHESIOLOGY	18,496	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,237	299,141	4,167	54.00
54.01	03630	ULTRA SOUND	3,860	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,104	0	0	54.02
57.00	05700	CT SCAN	6,637	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,569	0	0	58.00
60.00	06000	LABORATORY	34,840	64,102	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,862	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,310	12,058	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,333	36,384	0	65.00
66.00	06600	PHYSICAL THERAPY	13,942	73,081	2,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,961	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,717	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,255	32,500	2,185	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	78,515	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	27,468	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,642	0	0	73.00
76.00	03020	WOUND CARE	2,648	0	0	76.00
76.02	03022	CASE MANAGEMENT	2,911	11,599	0	76.02
76.03	03950	PAIN MANAGEMENT	10,233	87,687	0	76.03
76.97	07697	CARDIAC REHABILITATION	5,200	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	797	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	1,280	0	0	90.01
90.02	09000	VEIN CENTER	2,898	0	0	90.02
90.03	09001	OB GYN	13,422	59,300	0	90.03
91.00	09100	EMERGENCY	38,100	84,492	4,327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	BEHAVIOURAL HEALTH	3,131	24,837	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	16,612	40,194	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	10,468	1,566	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	806,894	2,195,830	48,909	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	185	10,764	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,508	158,210	0	192.00
194.00	07950	WELLNESS	895	1,086	0	194.00
194.01	07951	PAIN MANAGEMENT	7,965	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	9,490	2,297	0	194.02
194.03	07953	WASHINGTON CLINIC	3,400	52,211	0	194.03
194.04	07954	PHYSICIAN OFFICES	4,198	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	4,345	6,577	0	194.05
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	876,880	2,426,975	48,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,210					11.00
13.00	01300	NURSING ADMINISTRATION	293	393,464				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	155	0	148,148			14.00
15.00	01500	PHARMACY	180	18,942	220	321,401		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	262	0	124	0	93,407	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	23	0	10	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	49	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	981	103,171	1,360	0	4,641	30.00
31.00	03100	INTENSIVE CARE UNIT	180	18,913	116	0	616	31.00
43.00	04300	NURSERY	55	5,742	0	0	468	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	498	52,313	2,204	0	19,172	50.00
51.00	05100	RECOVERY ROOM	74	0	25	0	1,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	204	21,403	3	0	2,308	52.00
53.00	05300	ANESTHESIOLOGY	119	0	78	0	1,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	397	41,673	485	0	5,307	54.00
54.01	03630	ULTRA SOUND	40	0	63	0	1,626	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	18	0	12	0	850	54.02
57.00	05700	CT SCAN	43	0	42	0	10,321	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23	0	4	0	3,546	58.00
60.00	06000	LABORATORY	372	39,067	408	0	15,314	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	284	63.00
64.00	06400	INTRAVENOUS THERAPY	42	0	71	0	456	64.00
65.00	06500	RESPIRATORY THERAPY	184	0	108	0	1,706	65.00
66.00	06600	PHYSICAL THERAPY	158	16,551	122	0	1,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	0	14	0	555	67.00
68.00	06800	SPEECH PATHOLOGY	30	0	42	0	150	68.00
69.00	06900	ELECTROCARDIOLOGY	17	1,761	160	0	2,400	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	104,100	0	3,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	36,419	0	1,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	321,401	5,629	73.00
76.00	03020	WOUND CARE	28	0	6	0	238	76.00
76.02	03022	CASE MANAGEMENT	0	0	71	0	96	76.02
76.03	03950	PAIN MANAGEMENT	141	0	97	0	286	76.03
76.97	07697	CARDIAC REHABILITATION	68	0	36	0	52	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	8	0	1	0	54	90.00
90.01	04951	PALLIATIVE HEALTH	12	0	5	0	56	90.01
90.02	09000	VEIN CENTER	27	0	83	0	631	90.02
90.03	09001	OB GYN	177	0	658	0	674	90.03
91.00	09100	EMERGENCY	505	53,028	394	0	4,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIOURAL HEALTH	29	0	16	0	79	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	199	20,900	66	0	883	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	120	0	61	0	795	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,759	393,464	147,684	321,401	93,407	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	275	0	269	0	0	192.00
194.00	07950	WELLNESS	12	0	43	0	0	194.00
194.01	07951	PAIN MANAGEMENT	12	0	1	0	0	194.01
194.02	07952	EXTERNAL SVCS MARKETING	27	0	75	0	0	194.02
194.03	07953	WASHINGTON CLINIC	64	0	22	0	0	194.03
194.04	07954	PHYSICIAN OFFICES	26	0	0	0	0	194.04
194.05	07955	INTEGRATED MEDICINE	35	0	54	0	0	194.05
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)	6,210	393,464	148,148	321,401	93,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE						
	18.00	19.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	5,831						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	2,726					19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0			2,166,295	0	2,166,295	30.00
31.00 03100 INTENSIVE CARE UNIT	0			278,523	0	278,523	31.00
43.00 04300 NURSERY	0			32,657	0	32,657	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0			1,782,136	0	1,782,136	50.00
51.00 05100 RECOVERY ROOM	0			83,217	0	83,217	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0			39,895	0	39,895	52.00
53.00 05300 ANESTHESIOLOGY	0			42,720	0	42,720	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0			1,393,831	0	1,393,831	54.00
54.01 03630 ULTRA SOUND	0			6,291	0	6,291	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0			4,076	0	4,076	54.02
57.00 05700 CT SCAN	0			65,012	0	65,012	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0			182,089	0	182,089	58.00
60.00 06000 LABORATORY	0			307,832	0	307,832	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0			4,146	0	4,146	63.00
64.00 06400 INTRAVENOUS THERAPY	0			43,726	0	43,726	64.00
65.00 06500 RESPIRATORY THERAPY	0			156,077	0	156,077	65.00
66.00 06600 PHYSICAL THERAPY	0			248,589	0	248,589	66.00
67.00 06700 OCCUPATIONAL THERAPY	0			5,957	0	5,957	67.00
68.00 06800 SPEECH PATHOLOGY	0			3,324	0	3,324	68.00
69.00 06900 ELECTROCARDIOLOGY	0			146,113	0	146,113	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			185,752	0	185,752	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0			65,654	0	65,654	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0			387,672	0	387,672	73.00
76.00 03020 WOUND CARE	0			42,758	0	42,758	76.00
76.02 03022 CASE MANAGEMENT	0			17,400	0	17,400	76.02
76.03 03950 PAIN MANAGEMENT	0			247,254	0	247,254	76.03
76.97 07697 CARDIAC REHABILITATION	0			7,099	0	7,099	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	73			3,032	0	3,032	90.00
90.01 04951 PALLIATIVE HEALTH	111			1,854	0	1,854	90.01
90.02 09000 VEIN CENTER	254			5,453	0	5,453	90.02
90.03 09001 OB GYN	1,694			252,249	0	252,249	90.03
91.00 09100 EMERGENCY	0			366,580	0	366,580	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	0	92.00
93.00 04040 BEHAVIOURAL HEALTH	0			71,524	0	71,524	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	0			99,401	0	99,401	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0			0	0	0	113.00
116.00 11600 HOSPICE	0			91,693	0	91,693	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,132	0	0	8,837,881	0	8,837,881	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			28,735	0	28,735	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,630			397,001	0	397,001	192.00
194.00 07950 WELLNESS	0			3,280	0	3,280	194.00
194.01 07951 PAIN MANAGEMENT	119			8,765	0	8,765	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0			12,313	0	12,313	194.02
194.03 07953 WASHINGTON CLINIC	615			142,670	0	142,670	194.03
194.04 07954 PHYSICIAN OFFICES	0			4,704	0	4,704	194.04
194.05 07955 INTEGRATED MEDICINE	335			12,182	0	12,182	194.05
200.00 Cross Foot Adjustments		2,726		2,726	0	2,726	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00	19.00	24.00	25.00	26.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,831	2,726	9,450,257	0	9,450,257	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	272,457					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		8,471,003				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,159	4,792	45,674,424			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,700	1,020,007	5,595,927	-18,971,192	81,248,257	5.00
7.00 00700	OPERATION OF PLANT	35,162	3,282,665	1,004,238	0	5,057,867	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,581	1,959	44,046	0	364,263	8.00
9.00 00900	HOUSEKEEPING	4,111	10,454	812,336	0	1,378,105	9.00
10.00 01000	DIETARY	6,895	39,744	267,466	0	724,292	10.00
11.00 01100	CAFETERIA	0	0	456,331	0	555,054	11.00
13.00 01300	NURSING ADMINISTRATION	6,660	225,481	2,497,346	0	4,071,602	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,724	65,085	467,565	0	877,767	14.00
15.00 01500	PHARMACY	2,647	283,206	1,216,987	0	3,177,402	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,586	9,617	930,002	0	1,461,010	16.00
18.00 01850	PHYSICIAN PRIVATE PRACTICE	0	0	120,162	0	161,999	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	712,697	0	216,419	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	53,968	447,439	4,477,996	0	7,872,242	30.00
31.00 03100	INTENSIVE CARE UNIT	5,145	139,495	940,226	0	1,445,390	31.00
43.00 04300	NURSERY	755	0	287,215	0	392,381	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	36,148	941,983	1,723,569	0	4,227,229	50.00
51.00 05100	RECOVERY ROOM	2,547	8,169	402,820	0	576,131	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,070,581	0	1,395,887	52.00
53.00 05300	ANESTHESIOLOGY	0	39,486	2,888,452	0	1,713,675	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,653	919,802	2,226,682	0	4,654,616	54.00
54.01 03630	ULTRA SOUND	0	1,075	252,742	0	357,660	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,923	110,766	0	194,929	54.02
57.00 05700	CT SCAN	0	88,549	244,828	0	614,954	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	319,923	127,760	0	515,942	58.00
60.00 06000	LABORATORY	6,140	87,016	1,386,451	0	3,228,033	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	357,866	63.00
64.00 06400	INTRAVENOUS THERAPY	1,155	14,369	206,192	0	306,703	64.00
65.00 06500	RESPIRATORY THERAPY	3,485	69,943	842,405	0	1,235,366	65.00
66.00 06600	PHYSICAL THERAPY	7,000	36,608	869,405	0	1,291,730	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,306	276,887	0	367,023	67.00
68.00 06800	SPEECH PATHOLOGY	0	545	188,172	0	251,730	68.00
69.00 06900	ELECTROCARDIOLOGY	3,113	91,207	88,972	0	301,542	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,274,655	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,544,972	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,618,646	73.00
76.00 03020	WOUND CARE	0	613	155,914	0	245,362	76.00
76.02 03022	CASE MANAGEMENT	0	3,353	467,786	0	269,668	76.02
76.03 03950	PAIN MANAGEMENT	8,399	6,713	605,683	0	948,113	76.03
76.97 07697	CARDIAC REHABILITATION	0	2,907	359,552	0	481,774	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	3,838	51,211	0	73,880	90.00
90.01 04951	PALLIATIVE HEALTH	0	642	89,936	0	118,630	90.01
90.02 09000	VEIN CENTER	0	2,724	184,500	0	268,470	90.02
90.03 09001	OB GYN	5,680	143,270	1,909,286	0	1,243,593	90.03
91.00 09100	EMERGENCY	8,093	73,364	3,351,045	0	3,530,061	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040	BEHAVIOURAL HEALTH	2,379	4,262	183,256	0	290,094	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	32,451	1,054,545	0	1,539,183	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	19,574	618,610	0	969,908	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	255,885	8,446,559	41,768,548	-18,971,192	74,763,818	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,031	0	0	0	17,148	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	10,540	21,729	2,467,872	0	3,660,564	192.00
194.00 07950	WELLNESS	0	302	56,006	0	82,923	194.00
194.01 07951	PAIN MANAGEMENT	0	738	561,824	0	737,963	194.01
194.02 07952	EXTERNAL SVCS MARKETING	0	414	132,593	0	879,248	194.02
194.03 07953	WASHINGTON CLINIC	5,001	0	176,624	0	315,009	194.03
194.04 07954	PHYSICIAN OFFICES	0	680	235,904	0	388,981	194.04
194.05 07955	INTEGRATED MEDICINE	0	581	275,053	0	402,603	194.05
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,531,667	4,577,717	13,869,570		18,971,192	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.632595	0.540398	0.303662		0.233497	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			21,867		876,880	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000479		0.010793	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	232,466				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,686	471,661			8.00	
9.00	00900	HOUSEKEEPING	4,220	2,638	223,979		9.00	
10.00	01000	DIETARY	6,895	0	6,895	41,421	10.00	
11.00	01100	CAFETERIA	0	0	0	1,116,703	11.00	
13.00	01300	NURSING ADMINISTRATION	10,436	0	10,436	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,724	0	3,724	0	14.00	
15.00	01500	PHARMACY	2,647	0	2,647	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,586	0	2,586	0	16.00	
18.00	01850	PHYSICIAN PRIVATE PRACTICE	361	0	361	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,968	256,861	53,968	37,284	176,676	30.00
31.00	03100	INTENSIVE CARE UNIT	5,145	22,909	5,145	4,137	32,387	31.00
43.00	04300	NURSERY	755	10,728	755	0	9,833	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,148	48,528	36,148	0	89,583	50.00
51.00	05100	RECOVERY ROOM	2,547	0	2,547	0	13,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,836	0	0	36,652	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	21,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,653	40,183	28,653	0	71,363	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	7,205	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	3,238	54.02
57.00	05700	CT SCAN	0	0	0	0	7,779	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,124	58.00
60.00	06000	LABORATORY	6,140	0	6,140	0	66,901	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,155	0	1,155	0	7,573	64.00
65.00	06500	RESPIRATORY THERAPY	3,485	0	3,485	0	33,043	65.00
66.00	06600	PHYSICAL THERAPY	7,000	23,181	7,000	0	28,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,556	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	5,470	68.00
69.00	06900	ELECTROCARDIOLOGY	3,113	21,067	3,113	0	3,016	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	WOUND CARE	0	0	0	0	5,023	76.00
76.02	03022	CASE MANAGEMENT	1,111	0	1,111	0	0	76.02
76.03	03950	PAIN MANAGEMENT	8,399	0	8,399	0	25,393	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	12,269	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	1,380	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	2,096	90.01
90.02	09000	VEIN CENTER	0	0	0	0	4,768	90.02
90.03	09001	OB GYN	5,680	0	5,680	0	31,841	90.03
91.00	09100	EMERGENCY	8,093	41,730	8,093	0	90,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIOURAL HEALTH	2,379	0	2,379	0	5,295	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,850	0	3,850	0	35,790	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	150	0	150	0	21,547	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	210,326	471,661	204,420	41,421	1,035,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,031	0	1,031	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,154	0	12,573	0	49,454	192.00
194.00	07950	WELLNESS	104	0	104	0	2,109	194.00
194.01	07951	PAIN MANAGEMENT	0	0	0	0	2,234	194.01
194.02	07952	EXTERNAL SVCS MARKETING	220	0	220	0	4,808	194.02
194.03	07953	WASHINGTON CLINIC	5,001	0	5,001	0	11,553	194.03
194.04	07954	PHYSICIAN OFFICES	0	0	0	0	4,699	194.04
194.05	07955	INTEGRATED MEDICINE	630	0	630	0	6,295	194.05
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)	6,238,864	494,565	1,815,909	1,134,359	684,657	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	26.837748	1.048560	8.107497	27.386084	0.613106	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,426,975	48,909	138,547	223,546	6,210	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.440129	0.103695	0.618571	5.396924	0.005561	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	673,790					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	10,352,846				14.00
15.00 01500 PHARMACY	32,438	15,375	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	8,638	0	252,339,288		16.00
18.00 01850 PHYSICIAN PRIVATE PRACTICE	0	679	0	0	109,621	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	176,676	95,048	0	12,542,375	0	30.00
31.00 03100 INTENSIVE CARE UNIT	32,387	8,101	0	1,664,508	0	31.00
43.00 04300 NURSERY	9,833	0	0	1,264,565	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	89,583	154,013	0	51,706,718	0	50.00
51.00 05100 RECOVERY ROOM	0	1,713	0	4,761,136	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	36,652	211	0	6,239,157	0	52.00
53.00 05300 ANESTHESIOLOGY	0	5,421	0	3,526,952	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	71,363	33,922	0	14,341,919	0	54.00
54.01 03630 ULTRA SOUND	0	4,400	0	4,394,200	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	847	0	2,298,171	0	54.02
57.00 05700 CT SCAN	0	2,907	0	27,895,019	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	291	0	9,584,101	0	58.00
60.00 06000 LABORATORY	66,901	28,505	0	41,388,054	0	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	766,434	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,962	0	1,231,425	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	7,558	0	4,609,664	0	65.00
66.00 06600 PHYSICAL THERAPY	28,343	8,531	0	3,712,699	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	985	0	1,499,356	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,903	0	405,196	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,016	11,155	0	6,485,171	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,274,823	0	8,478,737	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,544,972	0	4,776,551	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	15,213,558	0	73.00
76.00 03020 WOUND CARE	0	398	0	643,942	0	76.00
76.02 03022 CASE MANAGEMENT	0	4,964	0	259,004	0	76.02
76.03 03950 PAIN MANAGEMENT	0	6,756	0	771,802	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	2,547	0	140,157	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	60	0	146,992	1,380	90.00
90.01 04951 PALLIATIVE HEALTH	0	383	0	151,747	2,096	90.01
90.02 09000 VEIN CENTER	0	5,783	0	1,706,307	4,768	90.02
90.03 09001 OB GYN	0	45,998	0	1,822,288	31,841	90.03
91.00 09100 EMERGENCY	90,808	27,527	0	13,160,295	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 BEHAVIOURAL HEALTH	0	1,113	0	214,816	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	35,790	4,627	0	2,387,658	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	4,291	0	2,148,614	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	673,790	10,320,407	1,000	252,339,288	40,085	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	18,831	0	0	49,454	192.00
194.00 07950 WELLNESS	0	2,997	0	0	0	194.00
194.01 07951 PAIN MANAGEMENT	0	38	0	0	2,234	194.01
194.02 07952 EXTERNAL SVCS MARKETING	0	5,245	0	0	0	194.02
194.03 07953 WASHINGTON CLINIC	0	1,571	0	0	11,553	194.03
194.04 07954 PHYSICIAN OFFICES	0	0	0	0	0	194.04
194.05 07955 INTEGRATED MEDICINE	0	3,757	0	0	6,295	194.05
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,419,281	1,229,910	4,294,430	1,922,463	215,038	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.042982	0.118799	4,294.430000	0.007619	1.961650	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	393,464	148,148	321,401	93,407	5,831	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.583956	0.014310	321.401000	0.000370	0.053192	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
18.00	01850	PHYSICIAN PRIVATE PRACTICE	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	WOUND CARE	76.00
76.02	03022	CASE MANAGEMENT	76.02
76.03	03950	PAIN MANAGEMENT	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	90.00
90.01	04951	PALLIATIVE HEALTH	90.01
90.02	09000	VEIN CENTER	90.02
90.03	09001	OB GYN	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04040	BEHAVOURAL HEALTH	93.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	WELLNESS	194.00
194.01	07951	PAIN MANAGEMENT	194.01
194.02	07952	EXTERNAL SVCS MARKETING	194.02
194.03	07953	WASHINGTON CLINIC	194.03
194.04	07954	PHYSICIAN OFFICES	194.04
194.05	07955	INTEGRATED MEDICINE	194.05
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)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	272.348000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,726	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.726000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	14,522,849		14,522,849	0	14,522,849	30.00
31.00	03100 INTENSIVE CARE UNIT	2,393,983		2,393,983	0	2,393,983	31.00
43.00	04300 NURSERY	616,384		616,384	0	616,384	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,715,940		7,715,940	0	7,715,940	50.00
51.00	05100 RECOVERY ROOM	844,303		844,303	0	844,303	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,090,668		2,090,668	0	2,090,668	52.00
53.00	05300 ANESTHESIOLOGY	2,426,743		2,426,743	0	2,426,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,515,900		7,515,900	74,460	7,590,360	54.00
54.01	03630 ULTRA SOUND	479,592		479,592	0	479,592	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	260,040		260,040	0	260,040	54.02
57.00	05700 CT SCAN	976,190		976,190	0	976,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	711,997		711,997	0	711,997	58.00
60.00	06000 LABORATORY	5,094,156		5,094,156	36,200	5,130,356	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	447,266		447,266	0	447,266	63.00
64.00	06400 INTRAVENOUS THERAPY	433,293		433,293	0	433,293	64.00
65.00	06500 RESPIRATORY THERAPY	1,701,883	0	1,701,883	0	1,701,883	65.00
66.00	06600 PHYSICAL THERAPY	2,136,907	0	2,136,907	0	2,136,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	469,509	0	469,509	0	469,509	67.00
68.00	06800 SPEECH PATHOLOGY	317,294	0	317,294	0	317,294	68.00
69.00	06900 ELECTROCARDIOLOGY	579,669		579,669	3,469	583,138	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,902,105		9,902,105	0	9,902,105	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3,477,948		3,477,948	0	3,477,948	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,340,925		11,340,925	0	11,340,925	73.00
76.00	03020 WOUND CARE	310,686		310,686	0	310,686	76.00
76.02	03022 CASE MANAGEMENT	374,022		374,022	0	374,022	76.02
76.03	03950 PAIN MANAGEMENT	1,485,252		1,485,252	0	1,485,252	76.03
76.97	07697 CARDIAC REHABILITATION	603,160		603,160	0	603,160	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	95,811		95,811	0	95,811	90.00
90.01	04951 PALLIATIVE HEALTH	152,929		152,929	0	152,929	90.01
90.02	09000 VEIN CENTER	357,120		357,120	0	357,120	90.02
90.03	09001 OB GYN	1,833,789		1,833,789	0	1,833,789	90.03
91.00	09100 EMERGENCY	5,570,468		5,570,468	0	5,570,468	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,858,689		1,858,689	0	1,858,689	92.00
93.00	04040 BEHAVIOURAL HEALTH	445,980		445,980	0	445,980	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,361,660		2,361,660		2,361,660	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,231,712		1,231,712		1,231,712	116.00
200.00	Subtotal (see instructions)	93,136,822	0	93,136,822	114,129	93,250,951	200.00
201.00	Less Observation Beds	1,858,689		1,858,689		1,858,689	201.00
202.00	Total (see instructions)	91,278,133	0	91,278,133	114,129	91,392,262	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 2:38 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,304,886		11,304,886			30.00
31.00	03100	INTENSIVE CARE UNIT	1,664,508		1,664,508			31.00
43.00	04300	NURSERY	1,264,565		1,264,565			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,682,149	42,024,569	51,706,718	0.149225	0.000000	50.00
51.00	05100	RECOVERY ROOM	721,642	4,039,494	4,761,136	0.177332	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,737,600	501,557	6,239,157	0.335088	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	762,662	2,764,290	3,526,952	0.688057	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,016,607	13,325,312	14,341,919	0.524051	0.000000	54.00
54.01	03630	ULTRA SOUND	505,992	3,888,208	4,394,200	0.109142	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	113,353	2,184,818	2,298,171	0.113151	0.000000	54.02
57.00	05700	CT SCAN	3,136,596	24,758,423	27,895,019	0.034995	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,752	8,812,349	9,584,101	0.074289	0.000000	58.00
60.00	06000	LABORATORY	10,257,793	31,130,261	41,388,054	0.123083	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	428,863	337,571	766,434	0.583568	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	322,744	908,681	1,231,425	0.351863	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,555,898	1,053,766	4,609,664	0.369199	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	787,734	2,924,965	3,712,699	0.575567	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	431,390	1,067,966	1,499,356	0.313140	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	61,375	343,821	405,196	0.783063	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,146,448	5,338,723	6,485,171	0.089384	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,571,816	5,906,921	8,478,737	1.167875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,630,143	2,146,408	4,776,551	0.728130	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,165,960	10,047,598	15,213,558	0.745449	0.000000	73.00
76.00	03020	WOUND CARE	42,276	601,666	643,942	0.482475	0.000000	76.00
76.02	03022	CASE MANAGEMENT	41,916	217,088	259,004	1.444078	0.000000	76.02
76.03	03950	PAIN MANAGEMENT	2,159	769,643	771,802	1.924395	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	123	140,034	140,157	4.303460	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	55	146,937	146,992	0.651811	0.000000	90.00
90.01	04951	PALLIATIVE HEALTH	15,360	136,387	151,747	1.007789	0.000000	90.01
90.02	09000	VEIN CENTER	0	1,706,307	1,706,307	0.209294	0.000000	90.02
90.03	09001	OB GYN	361,225	1,461,063	1,822,288	1.006311	0.000000	90.03
91.00	09100	EMERGENCY	1,276,754	11,883,541	13,160,295	0.423278	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	160,885	1,076,604	1,237,489	1.501984	0.000000	92.00
93.00	04040	BEHAVIOURAL HEALTH	44,319	170,497	214,816	2.076102	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,387,658	2,387,658			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,148,614	2,148,614			116.00
200.00		Subtotal (see instructions)	65,987,548	186,351,740	252,339,288			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	65,987,548	186,351,740	252,339,288			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.149225		50.00
51.00	05100 RECOVERY ROOM	0.177332		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335088		52.00
53.00	05300 ANESTHESIOLOGY	0.688057		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.529243		54.00
54.01	03630 ULTRA SOUND	0.109142		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113151		54.02
57.00	05700 CT SCAN	0.034995		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074289		58.00
60.00	06000 LABORATORY	0.123957		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.583568		63.00
64.00	06400 INTRAVENOUS THERAPY	0.351863		64.00
65.00	06500 RESPIRATORY THERAPY	0.369199		65.00
66.00	06600 PHYSICAL THERAPY	0.575567		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313140		67.00
68.00	06800 SPEECH PATHOLOGY	0.783063		68.00
69.00	06900 ELECTROCARDIOLOGY	0.089919		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.728130		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.745449		73.00
76.00	03020 WOUND CARE	0.482475		76.00
76.02	03022 CASE MANAGEMENT	1.444078		76.02
76.03	03950 PAIN MANAGEMENT	1.924395		76.03
76.97	07697 CARDIAC REHABILITATION	4.303460		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.651811		90.00
90.01	04951 PALLIATIVE HEALTH	1.007789		90.01
90.02	09000 VEIN CENTER	0.209294		90.02
90.03	09001 OB GYN	1.006311		90.03
91.00	09100 EMERGENCY	0.423278		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.501984		92.00
93.00	04040 BEHAVIOURAL HEALTH	2.076102		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
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: 150065

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	14,522,849		14,522,849	0	14,522,849	30.00
31.00	03100 INTENSIVE CARE UNIT	2,393,983		2,393,983	0	2,393,983	31.00
43.00	04300 NURSERY	616,384		616,384	0	616,384	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,715,940		7,715,940	0	7,715,940	50.00
51.00	05100 RECOVERY ROOM	844,303		844,303	0	844,303	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,090,668		2,090,668	0	2,090,668	52.00
53.00	05300 ANESTHESIOLOGY	2,426,743		2,426,743	0	2,426,743	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,515,900		7,515,900	74,460	7,590,360	54.00
54.01	03630 ULTRA SOUND	479,592		479,592	0	479,592	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	260,040		260,040	0	260,040	54.02
57.00	05700 CT SCAN	976,190		976,190	0	976,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	711,997		711,997	0	711,997	58.00
60.00	06000 LABORATORY	5,094,156		5,094,156	36,200	5,130,356	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	447,266		447,266	0	447,266	63.00
64.00	06400 INTRAVENOUS THERAPY	433,293		433,293	0	433,293	64.00
65.00	06500 RESPIRATORY THERAPY	1,701,883	0	1,701,883	0	1,701,883	65.00
66.00	06600 PHYSICAL THERAPY	2,136,907	0	2,136,907	0	2,136,907	66.00
67.00	06700 OCCUPATIONAL THERAPY	469,509	0	469,509	0	469,509	67.00
68.00	06800 SPEECH PATHOLOGY	317,294	0	317,294	0	317,294	68.00
69.00	06900 ELECTROCARDIOLOGY	579,669		579,669	3,469	583,138	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,902,105		9,902,105	0	9,902,105	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3,477,948		3,477,948	0	3,477,948	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,340,925		11,340,925	0	11,340,925	73.00
76.00	03020 WOUND CARE	310,686		310,686	0	310,686	76.00
76.02	03022 CASE MANAGEMENT	374,022		374,022	0	374,022	76.02
76.03	03950 PAIN MANAGEMENT	1,485,252		1,485,252	0	1,485,252	76.03
76.97	07697 CARDIAC REHABILITATION	603,160		603,160	0	603,160	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	95,811		95,811	0	95,811	90.00
90.01	04951 PALLIATIVE HEALTH	152,929		152,929	0	152,929	90.01
90.02	09000 VEIN CENTER	357,120		357,120	0	357,120	90.02
90.03	09001 OB GYN	1,833,789		1,833,789	0	1,833,789	90.03
91.00	09100 EMERGENCY	5,570,468		5,570,468	0	5,570,468	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,858,689		1,858,689	0	1,858,689	92.00
93.00	04040 BEHAVIOURAL HEALTH	445,980		445,980	0	445,980	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,361,660		2,361,660		2,361,660	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,231,712		1,231,712		1,231,712	116.00
200.00	Subtotal (see instructions)	93,136,822	0	93,136,822	114,129	93,250,951	200.00
201.00	Less Observation Beds	1,858,689		1,858,689		1,858,689	201.00
202.00	Total (see instructions)	91,278,133	0	91,278,133	114,129	91,392,262	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,304,886		11,304,886		30.00
31.00	03100	INTENSIVE CARE UNIT	1,664,508		1,664,508		31.00
43.00	04300	NURSERY	1,264,565		1,264,565		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,682,149	42,024,569	51,706,718	0.149225	50.00
51.00	05100	RECOVERY ROOM	721,642	4,039,494	4,761,136	0.177332	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,737,600	501,557	6,239,157	0.335088	52.00
53.00	05300	ANESTHESIOLOGY	762,662	2,764,290	3,526,952	0.688057	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,016,607	13,325,312	14,341,919	0.524051	54.00
54.01	03630	ULTRA SOUND	505,992	3,888,208	4,394,200	0.109142	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	113,353	2,184,818	2,298,171	0.113151	54.02
57.00	05700	CT SCAN	3,136,596	24,758,423	27,895,019	0.034995	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,752	8,812,349	9,584,101	0.074289	58.00
60.00	06000	LABORATORY	10,257,793	31,130,261	41,388,054	0.123083	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	428,863	337,571	766,434	0.583568	63.00
64.00	06400	INTRAVENOUS THERAPY	322,744	908,681	1,231,425	0.351863	64.00
65.00	06500	RESPIRATORY THERAPY	3,555,898	1,053,766	4,609,664	0.369199	65.00
66.00	06600	PHYSICAL THERAPY	787,734	2,924,965	3,712,699	0.575567	66.00
67.00	06700	OCCUPATIONAL THERAPY	431,390	1,067,966	1,499,356	0.313140	67.00
68.00	06800	SPEECH PATHOLOGY	61,375	343,821	405,196	0.783063	68.00
69.00	06900	ELECTROCARDIOLOGY	1,146,448	5,338,723	6,485,171	0.089384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,571,816	5,906,921	8,478,737	1.167875	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,630,143	2,146,408	4,776,551	0.728130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,165,960	10,047,598	15,213,558	0.745449	73.00
76.00	03020	WOUND CARE	42,276	601,666	643,942	0.482475	76.00
76.02	03022	CASE MANAGEMENT	41,916	217,088	259,004	1.444078	76.02
76.03	03950	PAIN MANAGEMENT	2,159	769,643	771,802	1.924395	76.03
76.97	07697	CARDIAC REHABILITATION	123	140,034	140,157	4.303460	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	55	146,937	146,992	0.651811	90.00
90.01	04951	PALLIATIVE HEALTH	15,360	136,387	151,747	1.007789	90.01
90.02	09000	VEIN CENTER	0	1,706,307	1,706,307	0.209294	90.02
90.03	09001	OB GYN	361,225	1,461,063	1,822,288	1.006311	90.03
91.00	09100	EMERGENCY	1,276,754	11,883,541	13,160,295	0.423278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	160,885	1,076,604	1,237,489	1.501984	92.00
93.00	04040	BEHAVIOURAL HEALTH	44,319	170,497	214,816	2.076102	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,387,658	2,387,658		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,148,614	2,148,614		116.00
200.00		Subtotal (see instructions)	65,987,548	186,351,740	252,339,288		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	65,987,548	186,351,740	252,339,288		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
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 ULTRA SOUND	0.000000		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 WOUND CARE	0.000000		76.00
76.02	03022 CASE MANAGEMENT	0.000000		76.02
76.03	03950 PAIN MANAGEMENT	0.000000		76.03
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.00
90.01	04951 PALLIATIVE HEALTH	0.000000		90.01
90.02	09000 VEIN CENTER	0.000000		90.02
90.03	09001 OB GYN	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 BEHAVIOURAL HEALTH	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
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: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,166,295	11,232	2,155,063	12,942	166.52	30.00
31.00	INTENSIVE CARE UNIT	278,523		278,523	1,253	222.28	31.00
43.00	NURSERY	32,657		32,657	1,701	19.20	43.00
200.00	Total (Lines 30-199)	2,477,475		2,466,243	15,896		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,558	758,998				
31.00	INTENSIVE CARE UNIT	622	138,258				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	5,180	897,256				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 2:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,782,136	51,706,718	0.034466	4,212,225	145,179	50.00
51.00	05100	RECOVERY ROOM	83,217	4,761,136	0.017478	307,906	5,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,895	6,239,157	0.006394	4,656	30	52.00
53.00	05300	ANESTHESIOLOGY	42,720	3,526,952	0.012112	278,631	3,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,393,831	14,341,919	0.097186	588,516	57,196	54.00
54.01	03630	ULTRA SOUND	6,291	4,394,200	0.001432	230,225	330	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,076	2,298,171	0.001774	56,228	100	54.02
57.00	05700	CT SCAN	65,012	27,895,019	0.002331	1,996,654	4,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,089	9,584,101	0.018999	420,522	7,989	58.00
60.00	06000	LABORATORY	307,832	41,388,054	0.007438	5,543,541	41,233	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,146	766,434	0.005409	232,039	1,255	63.00
64.00	06400	INTRAVENOUS THERAPY	43,726	1,231,425	0.035508	170,987	6,071	64.00
65.00	06500	RESPIRATORY THERAPY	156,077	4,609,664	0.033859	1,577,508	53,413	65.00
66.00	06600	PHYSICAL THERAPY	248,589	3,712,699	0.066956	400,858	26,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,957	1,499,356	0.003973	202,938	806	67.00
68.00	06800	SPEECH PATHOLOGY	3,324	405,196	0.008203	40,800	335	68.00
69.00	06900	ELECTROCARDIOLOGY	146,113	6,485,171	0.022530	704,822	15,880	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,752	8,478,737	0.021908	1,408,538	30,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	65,654	4,776,551	0.013745	1,211,535	16,653	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	387,672	15,213,558	0.025482	2,613,767	66,604	73.00
76.00	03020	WOUND CARE	42,758	643,942	0.066400	19,653	1,305	76.00
76.02	03022	CASE MANAGEMENT	17,400	259,004	0.067180	0	0	76.02
76.03	03950	PAIN MANAGEMENT	247,254	771,802	0.320359	710	227	76.03
76.97	07697	CARDIAC REHABILITATION	7,099	140,157	0.050650	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	3,032	146,992	0.020627	55	1	90.00
90.01	04951	PALLIATIVE HEALTH	1,854	151,747	0.012218	55	1	90.01
90.02	09000	VEIN CENTER	5,453	1,706,307	0.003196	0	0	90.02
90.03	09001	OB GYN	252,249	1,822,288	0.138424	101	14	90.03
91.00	09100	EMERGENCY	366,580	13,160,295	0.027855	694,656	19,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	278,696	1,237,489	0.225211	100,987	22,743	92.00
93.00	04040	BEHAVIOURAL HEALTH	71,524	214,816	0.332955	6,804	2,265	93.00
200.00		Total (lines 50-199)	6,448,008	233,569,057		23,025,917	530,089	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 2:38 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,942	0.00	4,558	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,253	0.00	622	0		31.00
43.00	04300	NURSERY	1,701	0.00	0	0		43.00
200.00		Total (lines 30-199)	15,896		5,180	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	WOUND CARE	0	0	0	0	0	0	76.00
76.02	03022	CASE MANAGEMENT	0	0	0	0	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	0	0	0	0	90.01
90.02	09000	VEIN CENTER	0	0	0	0	0	0	90.02
90.03	09001	OB GYN	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	BEHAVIOURAL HEALTH	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:38 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,706,718	0.000000	0.000000	4,212,225	50.00
51.00	05100	RECOVERY ROOM	0	4,761,136	0.000000	0.000000	307,906	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,239,157	0.000000	0.000000	4,656	52.00
53.00	05300	ANESTHESIOLOGY	0	3,526,952	0.000000	0.000000	278,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,341,919	0.000000	0.000000	588,516	54.00
54.01	03630	ULTRA SOUND	0	4,394,200	0.000000	0.000000	230,225	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	2,298,171	0.000000	0.000000	56,228	54.02
57.00	05700	CT SCAN	0	27,895,019	0.000000	0.000000	1,996,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,584,101	0.000000	0.000000	420,522	58.00
60.00	06000	LABORATORY	0	41,388,054	0.000000	0.000000	5,543,541	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	766,434	0.000000	0.000000	232,039	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,231,425	0.000000	0.000000	170,987	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,609,664	0.000000	0.000000	1,577,508	65.00
66.00	06600	PHYSICAL THERAPY	0	3,712,699	0.000000	0.000000	400,858	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,499,356	0.000000	0.000000	202,938	67.00
68.00	06800	SPEECH PATHOLOGY	0	405,196	0.000000	0.000000	40,800	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,485,171	0.000000	0.000000	704,822	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,478,737	0.000000	0.000000	1,408,538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,776,551	0.000000	0.000000	1,211,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,213,558	0.000000	0.000000	2,613,767	73.00
76.00	03020	WOUND CARE	0	643,942	0.000000	0.000000	19,653	76.00
76.02	03022	CASE MANAGEMENT	0	259,004	0.000000	0.000000	0	76.02
76.03	03950	PAIN MANAGEMENT	0	771,802	0.000000	0.000000	710	76.03
76.97	07697	CARDIAC REHABILITATION	0	140,157	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	146,992	0.000000	0.000000	55	90.00
90.01	04951	PALLIATIVE HEALTH	0	151,747	0.000000	0.000000	55	90.01
90.02	09000	VEIN CENTER	0	1,706,307	0.000000	0.000000	0	90.02
90.03	09001	OB GYN	0	1,822,288	0.000000	0.000000	101	90.03
91.00	09100	EMERGENCY	0	13,160,295	0.000000	0.000000	694,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,237,489	0.000000	0.000000	100,987	92.00
93.00	04040	BEHAVOURAL HEALTH	0	214,816	0.000000	0.000000	6,804	93.00
200.00		Total (lines 50-199)	0	233,569,057			23,025,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	8,738,122	0		50.00
51.00	05100 RECOVERY ROOM	0	796,619	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	492,643	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,875,023	0		54.00
54.01	03630 ULTRA SOUND	0	880,225	0		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	861,491	0		54.02
57.00	05700 CT SCAN	0	5,723,963	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,221,207	0		58.00
60.00	06000 LABORATORY	0	413,862	0		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	121,449	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	561,305	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	234,750	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,372	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,263,412	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	942,731	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	595,747	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,190,510	0		73.00
76.00	03020 WOUND CARE	0	232,990	0		76.00
76.02	03022 CASE MANAGEMENT	0	0	0		76.02
76.03	03950 PAIN MANAGEMENT	0	222,962	0		76.03
76.97	07697 CARDIAC REHABILITATION	0	66,912	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	13,552	0		90.00
90.01	04951 PALLIATIVE HEALTH	0	9,969	0		90.01
90.02	09000 VEIN CENTER	0	43,473	0		90.02
90.03	09001 OB GYN	0	48,764	0		90.03
91.00	09100 EMERGENCY	0	1,773,969	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	323,393	0		92.00
93.00	04040 BEHAVIOURAL HEALTH	0	63,083	0		93.00
200.00	Total (lines 50-199)	0	32,718,498	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.149225	8,738,122	0	0	1,303,946	50.00
51.00	05100 RECOVERY ROOM	0.177332	796,619	0	0	141,266	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335088	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.688057	492,643	0	0	338,966	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.524051	1,875,023	56	0	982,608	54.00
54.01	03630 ULTRA SOUND	0.109142	880,225	0	0	96,070	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	861,491	12	440	97,479	54.02
57.00	05700 CT SCAN	0.034995	5,723,963	12	440	200,310	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074289	2,221,207	3	80	165,011	58.00
60.00	06000 LABORATORY	0.123083	413,862	5,940	0	50,939	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.583568	121,449	0	0	70,874	63.00
64.00	06400 INTRAVENOUS THERAPY	0.351863	561,305	0	0	197,502	64.00
65.00	06500 RESPIRATORY THERAPY	0.369199	234,750	0	0	86,669	65.00
66.00	06600 PHYSICAL THERAPY	0.575567	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313140	6,372	0	0	1,995	67.00
68.00	06800 SPEECH PATHOLOGY	0.783063	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089384	1,263,412	3	319	112,929	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	942,731	0	0	1,100,992	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.728130	595,747	0	0	433,781	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.745449	4,190,510	267	18,598	3,123,811	73.00
76.00	03020 WOUND CARE	0.482475	232,990	0	0	112,412	76.00
76.02	03022 CASE MANAGEMENT	1.444078	0	0	0	0	76.02
76.03	03950 PAIN MANAGEMENT	1.924395	222,962	0	0	429,067	76.03
76.97	07697 CARDIAC REHABILITATION	4.303460	66,912	0	0	287,953	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.651811	13,552	0	0	8,833	90.00
90.01	04951 PALLIATIVE HEALTH	1.007789	9,969	0	0	10,047	90.01
90.02	09000 VEIN CENTER	0.209294	43,473	0	0	9,099	90.02
90.03	09001 OB GYN	1.006311	48,764	3	80	49,072	90.03
91.00	09100 EMERGENCY	0.423278	1,773,969	0	0	750,882	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	323,393	0	0	485,731	92.00
93.00	04040 BEHAVOURAL HEALTH	2.076102	63,083	0	0	130,967	93.00
200.00	Subtotal (see instructions)		32,718,498	6,296	19,957	10,779,211	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		32,718,498	6,296	19,957	10,779,211	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150065

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1	50	54.02
57.00	05700	CT SCAN	0	15	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6	58.00
60.00	06000	LABORATORY	731	0	60.00
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	29	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	199	13,864	73.00
76.00	03020	WOUND CARE	0	0	76.00
76.02	03022	CASE MANAGEMENT	0	0	76.02
76.03	03950	PAIN MANAGEMENT	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.00
90.01	04951	PALLIATIVE HEALTH	0	0	90.01
90.02	09000	VEIN CENTER	0	0	90.02
90.03	09001	OB GYN	3	81	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVOURAL HEALTH	0	0	93.00
200.00		Subtotal (see instructions)	963	14,045	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	963	14,045	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:38 pm
		Title XIX	Hospital	Cost

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	0.149225	0	0	1,931,128	0	50.00
51.00	05100 RECOVERY ROOM	0.177332	0	0	288,799	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.335088	0	0	99,036	0	52.00
53.00	05300 ANESTHESIOLOGY	0.688057	0	0	269,203	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.524051	0	0	742,825	0	54.00
54.01	03630 ULTRA SOUND	0.109142	0	0	242,117	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	0	0	48,064	0	54.02
57.00	05700 CT SCAN	0.034995	0	0	1,168,099	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.074289	0	0	393,705	0	58.00
60.00	06000 LABORATORY	0.123083	0	0	1,908,899	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.583568	0	0	21,726	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.351863	0	0	32,385	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.369199	0	0	79,235	0	65.00
66.00	06600 PHYSICAL THERAPY	0.575567	0	0	174,763	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.313140	0	0	65,852	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.783063	0	0	32,094	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089384	0	0	202,454	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	0	0	387,487	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.728130	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.745449	0	0	430,548	0	73.00
76.00	03020 WOUND CARE	0.482475	0	0	24,904	0	76.00
76.02	03022 CASE MANAGEMENT	1.444078	0	0	23,020	0	76.02
76.03	03950 PAIN MANAGEMENT	1.924395	0	0	70,594	0	76.03
76.97	07697 CARDIAC REHABILITATION	4.303460	0	0	1,602	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.651811	0	0	9,242	0	90.00
90.01	04951 PALLIATIVE HEALTH	1.007789	0	0	13,408	0	90.01
90.02	09000 VEIN CENTER	0.209294	0	0	7,242	0	90.02
90.03	09001 OB GYN	1.006311	0	0	451,030	0	90.03
91.00	09100 EMERGENCY	0.423278	0	0	1,361,565	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	0	0	312,276	0	92.00
93.00	04040 BEHAVIOURAL HEALTH	2.076102	0	0	37,446	0	93.00
200.00	Subtotal (see instructions)		0	0	10,830,748	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	10,830,748	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:38 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	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	288,173	50.00
51.00	05100	RECOVERY ROOM	0	51,213	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,186	52.00
53.00	05300	ANESTHESIOLOGY	0	185,227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	389,278	54.00
54.01	03630	ULTRA SOUND	0	26,425	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,438	54.02
57.00	05700	CT SCAN	0	40,878	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	29,248	58.00
60.00	06000	LABORATORY	0	234,953	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	12,679	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,395	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,253	65.00
66.00	06600	PHYSICAL THERAPY	0	100,588	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,621	67.00
68.00	06800	SPEECH PATHOLOGY	0	25,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,096	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	452,536	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	320,952	73.00
76.00	03020	WOUND CARE	0	12,016	76.00
76.02	03022	CASE MANAGEMENT	0	33,243	76.02
76.03	03950	PAIN MANAGEMENT	0	135,851	76.03
76.97	07697	CARDIAC REHABILITATION	0	6,894	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	6,024	90.00
90.01	04951	PALLIATIVE HEALTH	0	13,512	90.01
90.02	09000	VEIN CENTER	0	1,516	90.02
90.03	09001	OB GYN	0	453,876	90.03
91.00	09100	EMERGENCY	0	576,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	469,034	92.00
93.00	04040	BEHAVOURAL HEALTH	0	77,742	93.00
200.00		Subtotal (see instructions)	0	4,061,300	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	4,061,300	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 2:38 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,942	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)		11,277	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		429	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		278	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)		4,558	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)		429	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		175.53	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)		14,522,849	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)		75,302	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)		75,302	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,447,547	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)		14,447,547	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,116.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,088,232	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)		5,088,232	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,393,983	1,253	1,910.60	622	1,188,393		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,121,722		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,398,347		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)					897,256		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					530,089		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,427,345		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,971,002		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)					75,302		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)					75,302		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)					1,665		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,116.33		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,858,689		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,166,295	14,447,547	0.149942	1,858,689	278,696	90.00
91.00	Nursing School cost	0	14,447,547	0.000000	1,858,689	0	91.00
92.00	Allied health cost	0	14,447,547	0.000000	1,858,689	0	92.00
93.00	All other Medical Education	0	14,447,547	0.000000	1,858,689	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 2:38 pm
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)		13,649	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,942	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)		11,277	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		429	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		278	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)		1,521	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)		1,701	15.00
16.00	Nursery days (title V or XIX only)		229	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		175.53	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)		14,522,849	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)		75,302	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)		75,302	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		14,447,547	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)		14,447,547	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,116.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,697,938	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)		1,697,938	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150065		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Date/Time Prepared: 5/28/2014 2:38 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	616,384	1,701	362.37	229	82,983		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,393,983	1,253	1,910.60	169	322,891		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,701,470		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,805,282		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)						1,665	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,116.33	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,858,689	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150065

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

Worksheet D-1

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
				Total Observation Bed Cost (from line 89)	Cost	
	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: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,109,938	30.00
31.00	03100	INTENSIVE CARE UNIT		927,098	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149225	4,212,225	628,569 50.00
51.00	05100	RECOVERY ROOM	0.177332	307,906	54,602 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335088	4,656	1,560 52.00
53.00	05300	ANESTHESIOLOGY	0.688057	278,631	191,714 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.529243	588,516	311,468 54.00
54.01	03630	ULTRA SOUND	0.109142	230,225	25,127 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	56,228	6,362 54.02
57.00	05700	CT SCAN	0.034995	1,996,654	69,873 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074289	420,522	31,240 58.00
60.00	06000	LABORATORY	0.123957	5,543,541	687,161 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.583568	232,039	135,411 63.00
64.00	06400	INTRAVENOUS THERAPY	0.351863	170,987	60,164 64.00
65.00	06500	RESPIRATORY THERAPY	0.369199	1,577,508	582,414 65.00
66.00	06600	PHYSICAL THERAPY	0.575567	400,858	230,721 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313140	202,938	63,548 67.00
68.00	06800	SPEECH PATHOLOGY	0.783063	40,800	31,949 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089919	704,822	63,377 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	1,408,538	1,644,996 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.728130	1,211,535	882,155 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.745449	2,613,767	1,948,430 73.00
76.00	03020	WOUND CARE	0.482475	19,653	9,482 76.00
76.02	03022	CASE MANAGEMENT	1.444078	0	0 76.02
76.03	03950	PAIN MANAGEMENT	1.924395	710	1,366 76.03
76.97	07697	CARDIAC REHABILITATION	4.303460	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.651811	55	36 90.00
90.01	04951	PALLIATIVE HEALTH	1.007789	55	55 90.01
90.02	09000	VEIN CENTER	0.209294	0	0 90.02
90.03	09001	OB GYN	1.006311	101	102 90.03
91.00	09100	EMERGENCY	0.423278	694,656	294,033 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	100,987	151,681 92.00
93.00	04040	BEHAVOURAL HEALTH	2.076102	6,804	14,126 93.00
200.00		Total (sum of lines 50-94 and 96-98)		23,025,917	8,121,722 200.00
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)		23,025,917	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Title XVIII	Swing Beds - SNF	PPS	
		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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149225	0	50.00
51.00	05100	RECOVERY ROOM	0.177332	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335088	0	52.00
53.00	05300	ANESTHESIOLOGY	0.688057	488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.524051	5,726	54.00
54.01	03630	ULTRA SOUND	0.109142	6,679	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	0	54.02
57.00	05700	CT SCAN	0.034995	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074289	0	58.00
60.00	06000	LABORATORY	0.123083	145,201	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.583568	1,154	63.00
64.00	06400	INTRAVENOUS THERAPY	0.351863	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369199	66,690	65.00
66.00	06600	PHYSICAL THERAPY	0.575567	133,205	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313140	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.783063	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089384	10,974	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	34,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.728130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.745449	136,159	73.00
76.00	03020	WOUND CARE	0.482475	534	76.00
76.02	03022	CASE MANAGEMENT	1.444078	0	76.02
76.03	03950	PAIN MANAGEMENT	1.924395	0	76.03
76.97	07697	CARDIAC REHABILITATION	4.303460	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.651811	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.007789	0	90.01
90.02	09000	VEIN CENTER	0.209294	0	90.02
90.03	09001	OB GYN	1.006311	0	90.03
91.00	09100	EMERGENCY	0.423278	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	0	92.00
93.00	04040	BEHAVOURAL HEALTH	2.076102	384	93.00
200.00		Total (sum of lines 50-94 and 96-98)		542,105	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)		542,105	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		559,750	30.00
31.00	03100	INTENSIVE CARE UNIT		63,036	31.00
43.00	04300	NURSERY		315,006	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149225	316,984	50.00
51.00	05100	RECOVERY ROOM	0.177332	30,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335088	1,326,146	52.00
53.00	05300	ANESTHESIOLOGY	0.688057	210,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.524051	41,157	54.00
54.01	03630	ULTRA SOUND	0.109142	52,478	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	1,436	54.02
57.00	05700	CT SCAN	0.034995	125,967	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074289	25,972	58.00
60.00	06000	LABORATORY	0.123083	630,055	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.583568	19,578	63.00
64.00	06400	INTRAVENOUS THERAPY	0.351863	14,365	64.00
65.00	06500	RESPIRATORY THERAPY	0.369199	138,012	65.00
66.00	06600	PHYSICAL THERAPY	0.575567	13,031	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313140	4,425	67.00
68.00	06800	SPEECH PATHOLOGY	0.783063	866	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089384	38,654	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	126,527	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.728130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.745449	319,331	73.00
76.00	03020	WOUND CARE	0.482475	4,741	76.00
76.02	03022	CASE MANAGEMENT	1.444078	14,637	76.02
76.03	03950	PAIN MANAGEMENT	1.924395	0	76.03
76.97	07697	CARDIAC REHABILITATION	4.303460	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.651811	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.007789	535	90.01
90.02	09000	VEIN CENTER	0.209294	0	90.02
90.03	09001	OB GYN	1.006311	361,124	90.03
91.00	09100	EMERGENCY	0.423278	184,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	5,251	92.00
93.00	04040	BEHAVOURAL HEALTH	2.076102	4,099	93.00
200.00		Total (sum of lines 50-94 and 96-98)		4,010,514	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)		4,010,514	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15U065		Date/Time Prepared: 5/28/2014 2:38 pm	
Cost Center Description		Title XIX	Swing Beds - NF	Cost	
		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
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.149225	0	50.00
51.00	05100	RECOVERY ROOM	0.177332	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.335088	0	52.00
53.00	05300	ANESTHESIOLOGY	0.688057	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.524051	0	54.00
54.01	03630	ULTRA SOUND	0.109142	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.113151	0	54.02
57.00	05700	CT SCAN	0.034995	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.074289	0	58.00
60.00	06000	LABORATORY	0.123083	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.583568	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.351863	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.369199	0	65.00
66.00	06600	PHYSICAL THERAPY	0.575567	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.313140	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.783063	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089384	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.167875	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.728130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.745449	0	73.00
76.00	03020	WOUND CARE	0.482475	0	76.00
76.02	03022	CASE MANAGEMENT	1.444078	0	76.02
76.03	03950	PAIN MANAGEMENT	1.924395	0	76.03
76.97	07697	CARDIAC REHABILITATION	4.303460	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.651811	0	90.00
90.01	04951	PALLIATIVE HEALTH	1.007789	0	90.01
90.02	09000	VEIN CENTER	0.209294	0	90.02
90.03	09001	OB GYN	1.006311	0	90.03
91.00	09100	EMERGENCY	0.423278	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.501984	0	92.00
93.00	04040	BEHAVOURAL HEALTH	2.076102	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:38 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		6,186,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		2,034,081	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)		227,468	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		59.94	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.06	31.00
32.00	Sum of lines 30 and 31		27.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.61	33.00
34.00	Disproportionate share adjustment (see instructions)		777,320	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:38 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			816,489	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			205,800	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		205,800		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		9,431,414		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)		9,431,414		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		694,076		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,125,490		59.00
60.00	Primary payer payments			22,914	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,102,576		61.00
62.00	Deductibles billed to program beneficiaries			1,019,116	62.00
63.00	Coinurance billed to program beneficiaries			8,859	63.00
64.00	Allowable bad debts (see instructions)			84,105	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			54,668	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			74,465	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,129,269	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 PER PSR			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			15,300	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:38 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,144,569		71.00
71.01	Sequestration adjustment (see instructions)		138,083		71.01
72.00	Interim payments		8,763,276		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		243,210		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,918,397		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: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	6,186,745	0	6,186,745	0	6,186,745	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	2,034,081	0	0	2,034,081	2,034,081	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	227,468	0	112,875	114,593	227,468	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1161	0.1161	0.1161	0.1161		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	777,320	0	718,281	59,039	777,320	11.00
11.01	Uncompensated care payments	36.00	205,800	205,800	0	0	205,800	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	9,431,414	205,800	7,017,901	2,207,713	9,431,414	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	9,431,414	205,800	7,017,901	2,207,713	9,431,414	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	694,076	0	514,789	179,287	694,076	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			205,800	7,532,690	2,387,000	10,125,490	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XVIII		Hospital		PPS		
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	650,936	0	490,789	160,147	650,936	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	43,140	0	24,000	19,140	43,140	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	694,076	0	514,789	179,287	694,076	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: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 2:38 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,008	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,779,211	2.00
3.00	PPS payments		7,982,884	3.00
4.00	Outlier payment (see instructions)		122,571	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.915	5.00
6.00	Line 2 times line 5		9,862,978	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		82.18	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)		15,008	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		26,253	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)		26,253	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)		26,253	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,245	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)		15,008	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)		8,105,455	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,824,975	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)		6,295,477	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)		6,295,477	30.00
31.00	Primary payer payments		5,734	31.00
32.00	Subtotal (line 30 minus line 31)		6,289,743	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)		242,360	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		157,534	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		209,178	36.00
37.00	Subtotal (see instructions)		6,447,277	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-89	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)		6,447,366	40.00
40.01	Sequestration adjustment (see instructions)		97,355	40.01
41.00	Interim payments		6,319,424	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		30,587	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: 150065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		8,763,276		6,319,424	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,763,276		6,319,424	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		243,210		30,587	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,006,486		6,350,011	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: 150065
Component CCN: 15U065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Title XVIII Swing Beds - SNF 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		67,254		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		67,254		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		93		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		67,347		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150065

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			3,253 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,180 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			872 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			12,530 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			252,339,288 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			5,339,382 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)			895,999 8.00
9.00	Sequestration adjustment amount (see instructions)			17,920 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			878,079 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,056,762 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)			-178,683 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065

Period:

Worksheet E-2

Component CCN: 15U065

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

Date/Time Prepared:
5/28/2014 2:38 pm

Title XVIII

Swing Beds - SNF

PPS

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	72,080	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	429	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	72,080	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	72,080	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	72,080	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	3,700	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	68,380	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	68,380	0	19.00
19.01	Sequestration adjustment (see instructions)	1,033	0	19.01
20.00	Interim payments	67,254	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	93	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065

Period:

Worksheet E-2

Component CCN: 15U065

From 01/01/2013

Date/Time Prepared:

To 12/31/2013

5/28/2014 2:38 pm

		Title XIX		Swing Beds - NF	Cost
		Part A	Part B		
		1.00	2.00		
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)			0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			0	2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)			0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days			0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only			0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)			0	8.00
9.00	Primary payer payments (see instructions)			0	9.00
10.00	Subtotal (line 8 minus line 9)			0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			0	11.00
12.00	Subtotal (line 10 minus line 11)			0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)			0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)			0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	16.00
17.00	Allowable bad debts (see instructions)			0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)			0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	18.00
19.00	Total (see instructions)			0	19.00
19.01	Sequestration adjustment (see instructions)			0	19.01
20.00	Interim payments			0	20.00
21.00	Tentative settlement (for contractor use only)			0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21			0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0	23.00

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

Provider CCN: 150065

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

Worksheet G

Date/Time Prepared:
5/28/2014 2:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	25,210,624	0	0	0	1.00
2.00	Temporary investments	8,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	13,384,615	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	3,659,722	0	0	0	7.00
8.00	Prepaid expenses	7,202,663	0	0	0	8.00
9.00	Other current assets	2,119,188	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)	59,576,812	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,311,797	0	0	0	12.00
13.00	Land improvements	3,988,678	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	80,509,749	0	0	0	15.00
16.00	Accumulated depreciation	-71,024,480	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	6,326,943	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	48,582,255	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)	74,694,942	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,113,648	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	113,779,786	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	124,893,434	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	259,165,188	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,742,061	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,605,450	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,560,163	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	12,332,719	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,240,393	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	35,778,686	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,534,110	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	43,312,796	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	64,553,189	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	194,611,999				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	194,611,999	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	259,165,188	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150065

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

Worksheet G-1

Date/Time Prepared:
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		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		179,361,460		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,250,539				2.00
3.00	Total (sum of line 1 and line 2)		194,611,999		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		194,611,999		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		194,611,999		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,242,723		12,242,723	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	326,728		326,728	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,569,451		12,569,451	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,664,508		1,664,508	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,664,508		1,664,508	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,233,959		14,233,959	17.00
18.00	Ancillary services	51,972,955	169,445,249	221,418,204	18.00
19.00	Outpatient services	5,023,253	19,515,056	24,538,309	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		2,387,658	2,387,658	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,162,574	2,162,574	26.00
27.00	NON-REIMBURSABLE COST CENTERS	2,300,881	7,539,480	9,840,361	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	73,531,048	201,050,017	274,581,065	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		110,800,476		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		110,800,476		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150065

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 2:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	274,581,065	1.00
2.00	Less contractual allowances and discounts on patients' accounts	164,654,015	2.00
3.00	Net patient revenues (line 1 minus line 2)	109,927,050	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	110,800,476	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-873,426	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-252,755	6.00
7.00	Income from investments	8,046,019	7.00
8.00	Revenues from telephone and other miscellaneous communication services	11,445	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	107,147	10.00
11.00	Rebates and refunds of expenses	9,183	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	451,409	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	229,171	17.00
18.00	Revenue from sale of medical records and abstracts	45,317	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	6,705	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,764	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	45,473	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT INCOME	1,033,405	24.00
24.01		0	24.01
24.02	GRANT REV AND RESTRICTED DONATIONS	50,417	24.02
24.03	OTHER INCOME	17,993	24.03
24.04	UNREALIZED GAIN/LOSS	29,583	24.04
24.05	EHR INCOME	1,390,674	24.05
24.06	DSH PAYMENTS RECEIVED	4,951,751	24.06
25.00	Total other income (sum of lines 6-24)	16,179,701	25.00
26.00	Total (line 5 plus line 25)	15,306,275	26.00
27.00	OTHER EXPENSES	55,736	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	55,736	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,250,539	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150065

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

Worksheet H

HHA CCN: 157155

Date/Time Prepared: 5/28/2014 2:38 pm

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	210,364	0	7,050	24,882	106,929	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	371,307	0	0	0	371,307	6.00
7.00	Physical Therapy	225,293	0	0	0	225,293	7.00
8.00	Occupational Therapy	125,424	0	0	0	125,424	8.00
9.00	Speech Pathology	4,766	0	0	0	4,766	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	116,519	0	0	0	116,519	11.00
12.00	Supplies (see instructions)	0	0	0	5,973	5,973	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)	1,053,673	0	7,050	24,882	112,902	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	2,043	2,043	0	2,043		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	349,225	0	349,225		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	371,307	0	371,307		6.00
7.00	Physical Therapy	0	225,293	0	225,293		7.00
8.00	Occupational Therapy	0	125,424	0	125,424		8.00
9.00	Speech Pathology	0	4,766	0	4,766		9.00
10.00	Medical Social Services	872	872	0	872		10.00
11.00	Home Health Aide	0	116,519	0	116,519		11.00
12.00	Supplies (see instructions)	0	5,973	0	5,973		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)	2,915	1,201,422	0	1,201,422		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/28/2014 2:38 pm J:\50760000 Schneck Medical Center\2013\HFs\Schneck 2013.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/28/2014 2:38 pm
		HHA CCN: 157155	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)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
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	2,043	0	0	2,043	0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	349,225	0	0	2,043	0	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	371,307	0	0	0	0	6.00	
7.00	Physical Therapy	225,293	0	0	0	0	7.00	
8.00	Occupational Therapy	125,424	0	0	0	0	8.00	
9.00	Speech Pathology	4,766	0	0	0	0	9.00	
10.00	Medical Social Services	872	0	0	0	0	10.00	
11.00	Home Health Aide	116,519	0	0	0	0	11.00	
12.00	Supplies (see instructions)	5,973	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)	1,201,422	0	0	2,043	0	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	351,268					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	153,417	524,724				6.00	
7.00	Physical Therapy	93,087	318,380				7.00	
8.00	Occupational Therapy	51,823	177,247				8.00	
9.00	Speech Pathology	1,969	6,735				9.00	
10.00	Medical Social Services	360	1,232				10.00	
11.00	Home Health Aide	48,144	164,663				11.00	
12.00	Supplies (see instructions)	2,468	8,441				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)		1,201,422				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

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	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		32,451		0		2.00
3.00	Plant Operation & Maintenance	0	0	3,850	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	32,451	3,850	0	-351,268	850,154 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	371,307 6.00
7.00	Physical Therapy	0	0	0	0	0	225,293 7.00
8.00	Occupational Therapy	0	0	0	0	0	125,424 8.00
9.00	Speech Pathology	0	0	0	0	0	4,766 9.00
10.00	Medical Social Services	0	0	0	0	0	872 10.00
11.00	Home Health Aide	0	0	0	0	0	116,519 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	5,973 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	0	32,451	3,850	0	-351,268	850,154 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	2,043	0		351,268 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.530649	0.000000		0.413182 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/28/2014 2:38 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	17,536	63,880	81,416	19,010	1.00	
2.00 Skilled Nursing Care	524,724	0	0	112,751	637,475	148,849	2.00	
3.00 Physical Therapy	318,380	0	0	68,413	386,793	90,315	3.00	
4.00 Occupational Therapy	177,247	0	0	38,087	215,334	50,280	4.00	
5.00 Speech Pathology	6,735	0	0	1,447	8,182	1,910	5.00	
6.00 Medical Social Services	1,232	0	0	265	1,497	350	6.00	
7.00 Home Health Aide	164,663	0	0	35,382	200,045	46,710	7.00	
8.00 Supplies (see instructions)	8,441	0	0	0	8,441	1,971	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)	1,201,422	0	17,536	320,225	1,539,183	359,395	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	103,325	0	31,214	0	3,839	50,365	1.00	
2.00 Skilled Nursing Care	0	0	0	0	7,323	96,057	2.00	
3.00 Physical Therapy	0	0	0	0	3,727	48,893	3.00	
4.00 Occupational Therapy	0	0	0	0	2,252	29,542	4.00	
5.00 Speech Pathology	0	0	0	0	69	909	5.00	
6.00 Medical Social Services	0	0	0	0	21	282	6.00	
7.00 Home Health Aide	0	0	0	0	4,712	61,810	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)	103,325	0	31,214	0	21,943	287,858	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: 150065

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

Worksheet H-2 Part I

HHA CCN: 157155

Date/Time Prepared: 5/28/2014 2:38 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PHYSICIAN PRIVATE PRACTICE	NONPHYSICIAN ANESTHETISTS	Subtotal	
	14.00	15.00	16.00	18.00	19.00	24.00	
1.00 Administrative and General	0	0	18,192	0	0	307,361	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	889,704	2.00
3.00 Physical Therapy	0	0	0	0	0	529,728	3.00
4.00 Occupational Therapy	0	0	0	0	0	297,408	4.00
5.00 Speech Pathology	0	0	0	0	0	11,070	5.00
6.00 Medical Social Services	0	0	0	0	0	2,150	6.00
7.00 Home Health Aide	0	0	0	0	0	313,277	7.00
8.00 Supplies (see instructions)	550	0	0	0	0	10,962	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)	550	0	18,192	0	0	2,361,660	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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	307,361					1.00
2.00 Skilled Nursing Care	0	889,704	133,116	1,022,820			2.00
3.00 Physical Therapy	0	529,728	79,257	608,985			3.00
4.00 Occupational Therapy	0	297,408	44,498	341,906			4.00
5.00 Speech Pathology	0	11,070	1,656	12,726			5.00
6.00 Medical Social Services	0	2,150	322	2,472			6.00
7.00 Home Health Aide	0	313,277	46,872	360,149			7.00
8.00 Supplies (see instructions)	0	10,962	1,640	12,602			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19) (2)	0	2,361,660	307,361	2,361,660			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.			0.149618				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: 150065
HHA CCN: 157155

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

Worksheet H-2 Part II
Date/Time Prepared: 5/28/2014 2:38 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	32,451	210,364	0	81,416	3,850	1.00
2.00 Skilled Nursing Care	0	0	371,307	0	637,475	0	2.00
3.00 Physical Therapy	0	0	225,293	0	386,793	0	3.00
4.00 Occupational Therapy	0	0	125,424	0	215,334	0	4.00
5.00 Speech Pathology	0	0	4,766	0	8,182	0	5.00
6.00 Medical Social Services	0	0	872	0	1,497	0	6.00
7.00 Home Health Aide	0	0	116,519	0	200,045	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	8,441	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	32,451	1,054,545		1,539,183	3,850	20.00
21.00 Total cost to be allocated	0	17,536	320,225		359,395	103,325	21.00
22.00 Unit cost multiplier	0.000000	0.540384	0.303662		0.233497	26.837662	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	3,850	0	6,262	6,262	0	1.00
2.00 Skilled Nursing Care	0	0	0	11,943	11,943	0	2.00
3.00 Physical Therapy	0	0	0	6,079	6,079	0	3.00
4.00 Occupational Therapy	0	0	0	3,673	3,673	0	4.00
5.00 Speech Pathology	0	0	0	113	113	0	5.00
6.00 Medical Social Services	0	0	0	35	35	0	6.00
7.00 Home Health Aide	0	0	0	7,685	7,685	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	4,627	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,850	0	35,790	35,790	4,627	20.00
21.00 Total cost to be allocated	0	31,214	0	21,943	287,858	550	21.00
22.00 Unit cost multiplier	0.000000	8.107532	0.000000	0.613104	8.042973	0.118868	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150065
HHA CCN: 157155

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

Worksheet H-2
Part II
Date/Time Prepared:
5/28/2014 2:38 pm
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
			15.00			
1.00 Administrative and General	0	2,387,658	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	2,387,658	0	0		20.00
21.00 Total cost to be allocated	0	18,192	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.007619	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 2:38 pm
		HHA CCN: 157155	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 (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,022,820		1,022,820	5,530	184.96	1.00
2.00	Physical Therapy	3.00	608,985	0	608,985	2,617	232.70	2.00
3.00	Occupational Therapy	4.00	341,906	0	341,906	1,683	203.15	3.00
4.00	Speech Pathology	5.00	12,726	0	12,726	61	208.62	4.00
5.00	Medical Social Services	6.00	2,472		2,472	35	70.63	5.00
6.00	Home Health Aide	7.00	360,149		360,149	3,572	100.83	6.00
7.00	Total (sum of lines 1-6)		2,349,058	0	2,349,058	13,498		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				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		18020	44	52		8.00
8.01	Skilled Nursing Care		99915	1,146	988		8.01
9.00	Physical Therapy		18020	42	19		9.00
9.01	Physical Therapy		99915	748	903		9.01
10.00	Occupational Therapy		18020	29	23		10.00
10.01	Occupational Therapy		99915	440	524		10.01
11.00	Speech Pathology		18020	0	0		11.00
11.01	Speech Pathology		99915	10	10		11.01
12.00	Medical Social Services		18020	1	0		12.00
12.01	Medical Social Services		99915	8	14		12.01
13.00	Home Health Aide		18020	18	72		13.00
13.01	Home Health Aide		99915	301	613		13.01
14.00	Total (sum of lines 8-13)			2,787	3,218		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 (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	12,602	0	12,602	53,934	0.233656	15.00
16.00	Cost of Drugs	9.00	0	0	0	14,978	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	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

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	1,190	1,040		220,102	192,358	1.00
2.00	Physical Therapy	790	922		183,833	214,549	2.00
3.00	Occupational Therapy	469	547		95,277	111,123	3.00
4.00	Speech Pathology	10	10		2,086	2,086	4.00
5.00	Medical Social Services	9	14		636	989	5.00
6.00	Home Health Aide	319	685		32,165	69,069	6.00
7.00	Total (sum of lines 1-6)	2,787	3,218		534,099	590,174	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 2:38 pm
				Title XVIII	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		341	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	412,460					1.00
2.00	Physical Therapy	398,382					2.00
3.00	Occupational Therapy	206,400					3.00
4.00	Speech Pathology	4,172					4.00
5.00	Medical Social Services	1,625					5.00
6.00	Home Health Aide	101,234					6.00
7.00	Total (sum of lines 1-6)	1,124,273					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: 150065 HHA CCN: 157155	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/28/2014 2:38 pm
			Title XVIII	Home Health Agency I

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	0.575567	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.313140	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.783063	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	1.167875	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.745449	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2014 2:38 pm
		Title XVII I	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	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		415,371	487,735
12.00	Total PPS Reimbursement - Full Episodes with Outliers		8,134	3,706
13.00	Total PPS Reimbursement - LUPA Episodes		4,723	7,634
14.00	Total PPS Reimbursement - PEP Episodes		5,151	4,508
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		376	71
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
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)		433,755	503,654
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		433,755	503,654
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		433,755	503,654
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)		433,755	503,654
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		433,755	503,654
31.01	Sequestration adjustment (see instructions)		6,091	7,957
32.00	Interim payments (see instructions)		427,664	495,697
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	0
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: 150065
HHA CCN: 157155

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

Worksheet H-5
Date/Time Prepared:
5/28/2014 2:38 pm
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		427,664		495,697	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)		427,664		495,697	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		427,664		495,697	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151529

To 12/31/2013

Date/Time Prepared: 5/28/2014 2:38 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		78,716	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	216,667	0	0	0	65,764	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	288,620	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	36,232	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	77,091	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	23,576	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	8,491	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	9,114	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	618,610	0	0	0	185,661	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151529

To 12/31/2013

Date/Time Prepared: 5/28/2014 2:38 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	78,716	0	78,716	0	78,716	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	282,431	0	282,431	-99	282,332	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	288,620	0	288,620	0	288,620	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	36,232	0	36,232	0	36,232	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	77,091	0	77,091	0	77,091	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	23,576	-23,576	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	8,491	0	8,491	0	8,491	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	9,114	-9,114	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	804,271	-32,690	771,581	-99	771,482	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151529

To 12/31/2013

Date/Time Prepared: 5/28/2014 2:38 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	47,956	0	127,251	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	288,620	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	47,956	0	127,251	288,620	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151529

To 12/31/2013

Date/Time Prepared: 5/28/2014 2:38 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	41,460	216,667	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	288,620	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	36,232	36,232	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		77,091	0	77,091	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	77,091	77,692	618,610	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151529

To 12/31/2013

Part I
Date/Time Prepared:
5/28/2014 2:38 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	78,716		78,716			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	282,332	0	78,716	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	288,620	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	36,232	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	77,091	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	8,491	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	771,482	0	78,716	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet K-4 Part I Date/Time Prepared: 5/28/2014 2:38 pm	
		Hospice CCN: 151529		Hospice I	
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	361,048	361,048	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	288,620	253,892	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	0	0	15.00
16.00	Spiritual Counseling	0	36,232	31,872	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	77,091	67,815	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	8,491	7,469	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	771,482	771,482	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151529

To 12/31/2013

Part II
Date/Time Prepared:
5/28/2014 2:38 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0				1.00
2.00	Capital Related Costs-Movable Equip.	0	19,574			2.00
3.00	Plant Operation and Maintenance	0	0	150		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	19,574	150	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	78,716	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	4.021457	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065
Hospice CCN: 151529

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

Worksheet K-4
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-361,048	410,434	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	288,620	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	36,232	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	77,091	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	8,491	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		361,048	39.00
40.00	Unit Cost Multiplier		0.879674	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00			
1.00	Administrative and General		0	10,578	65,793	76,371	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	542,512	0	0	87,643	630,155	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	68,104	0	0	11,002	79,106	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	144,906	0	0	23,410	168,316	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	15,960	0	0	0	15,960	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	771,482	0	10,578	187,848	969,908	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	17,832	4,026	0	1,216	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	147,140	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	18,471	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	39,301	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	3,727	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	226,471	4,026	0	1,216	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151529

To 12/31/2013

Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	13,211	0	0	0	16,370	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	510	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	13,211	0	510	0	16,370	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151529

To 12/31/2013

Part I
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Hospice I					
		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	129,026	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	777,295	0	777,295	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	97,577	0	97,577	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	207,617	0	207,617	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	19,687	0	19,687	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	510	0	510	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,231,712	0	1,231,712	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150065	Period: From 01/01/2013	Worksheet K-5 Part I
		Hospice CCN: 151529	To 12/31/2013	Date/Time Prepared: 5/28/2014 2:38 pm
			Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	90,951	868,246	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Spiritual Counseling	11,418	108,995	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	24,293	231,910	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	2,304	21,991	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	60	570	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,231,712	34.00
35.00	Unit Cost Multiplier (see instructions)	0.117011		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Hospice CCN: 151529

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	0	19,574	216,667	5A	76,371	1.00	
2.00 Inpatient - General Care	0	0	0		0	2.00	
3.00 Inpatient - Respite Care	0	0	0		0	3.00	
4.00 Physician Services	0	0	0		0	4.00	
5.00 Nursing Care	0	0	288,620		630,155	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00 Physical Therapy	0	0	0		0	7.00	
8.00 Occupational Therapy	0	0	0		0	8.00	
9.00 Speech/ Language Pathology	0	0	0		0	9.00	
10.00 Medical Social Services	0	0	0		0	10.00	
11.00 Spiritual Counseling	0	0	36,232		79,106	11.00	
12.00 Dietary Counseling	0	0	0		0	12.00	
13.00 Counseling - Other	0	0	0		0	13.00	
14.00 Home Health Aide and Homemaker	0	0	77,091		168,316	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00 Other	0	0	0		0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0		0	17.00	
18.00 Analgesics	0	0	0		0	18.00	
19.00 Sedatives / Hypnotics	0	0	0		0	19.00	
20.00 Other - Specify	0	0	0		0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00 Patient Transportation	0	0	0		15,960	22.00	
23.00 Imaging Services	0	0	0		0	23.00	
24.00 Labs and Diagnostics	0	0	0		0	24.00	
25.00 Medical Supplies	0	0	0		0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0		0	26.00	
27.00 Radiation Therapy	0	0	0		0	27.00	
28.00 Chemotherapy	0	0	0		0	28.00	
29.00 Other	0	0	0		0	29.00	
30.00 Bereavement Program Costs	0	0	0		0	30.00	
31.00 Volunteer Program Costs	0	0	0		0	31.00	
32.00 Fundraising	0	0	0		0	32.00	
33.00 Other Program Costs	0	0	0		0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	19,574	618,610		969,908	34.00	
35.00 Total cost to be allocated	0	10,578	187,848		226,471	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.540411	0.303661		0.233497	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

From 01/01/2013

Part II

To 12/31/2013

Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Hospice I						
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)		
	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	150	0	150	0	21,547	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	150	0	150	0	21,547	34.00	
35.00 Total cost to be allocated	4,026	0	1,216	0	13,211	35.00	
36.00 Unit Cost Multiplier (see instructions)	26.840000	0.000000	8.106667	0.000000	0.613125	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

Period:

Worksheet K-5

Hospice CCN: 151529

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

Part II
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description	Hospice I						OTHER GENERAL SERVICE	
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
	(DIRECT NRSING HRS)	(COSTED REQUIS.)						
1.00 Administrative and General	13.00	14.00	15.00	16.00	18.00		1.00	
2.00 Inpatient - General Care	0	0	0	2,148,614	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	4,291	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	4,291	0	2,148,614	0	0	34.00	
35.00 Total cost to be allocated	0	510	0	16,370	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.118853	0.000000	0.007619	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2014 2:38 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150065

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151529

To 12/31/2013

Part III
Date/Time Prepared:
5/28/2014 2:38 pm

Cost Center Description		Hospice I			
		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.575567	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.313140	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.783063	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.745449	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.123957	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.167875	0	0 7.00
8.00	BEHAVOURAL HEALTH	93.00	2.076102	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	WOUND CARE	76.00	0.482475	0	0 10.00
10.01	INTEGRATED MANAGEMENT	76.01			10.01
10.02	CASE MANAGEMENT	76.02	1.444078	0	0 10.02
10.03	PAIN MANAGEMENT	76.03	1.924395	0	0 10.03
10.97	CARDIAC REHABILITATION	76.97	4.303460	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150065
 Hospice CCN: 151529

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

Worksheet K-6
 Date/Time Prepared:
 5/28/2014 2:38 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,231,712	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				9,314	2.00
3.00	Average cost per diem (line 1 divided by line 2)				132.24	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	9,314				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,231,683				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150065	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 2:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		650,936	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,140	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)		34.71	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		694,076	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