

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: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S Parts I-III Date/Time Prepared: 1/21/2014 1:08 pm
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/21/2014 Time: 1:08 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL (150046) for the cost reporting period beginning 09/01/2012 and ending 08/31/2013 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	-836,580	21,114	-5,040	1,490,261	1.00
2.00 Subprovider - IPF	0	-9,746	-323		-514,669	2.00
3.00 Subprovider - IRF	0	21,790	-209		118,971	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-824,536	20,582	-5,040	1,094,563	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: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3901 HOSPITAL LANE			PO Box:						1.00	
2.00	City: TERRE HAUTE			State: IN		Zip Code: 47802		County: VIGO		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		TERRE HAUTE REGIONAL HOSPITAL	150046	45460	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		TERRE HAUTE PSYCHIATRIC UNIT	15S046	45460	4	09/01/1991	N	P	0	4.00
5.00	Subprovider - IRF		TERRE HAUTE REHAB UNIT	15T046	45460	5	09/01/2006	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
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)						09/01/2012	08/31/2013		20.00	
21.00	Type of Control (see instructions)						4				21.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		0	1,719	0	83	1,548		0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	83	0	0	35		0	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm			
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
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.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N		86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm	
		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	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
		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	203,769	0	390,724	
		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		
119.00	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		N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	44H070	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/21/2014 12:55 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: HOSPITAL CORP. OF AMERICA	Contractor's Name: CAHABA		Contractor's Number: 10301		141.00	
142.00	Street: ONE PARK PLAZA	PO Box:				142.00	
143.00	City: NASHVILLE	State: TN		Zip Code: 37203		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2011	09/30/2012	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/21/2014 12:55 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/02/2013	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: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/21/2014 12:55 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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2013
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DARRELL		CUNNINGHAM	
42.00	Enter the employer/company name of the cost report preparer.	HCA			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-344-6147		DARRELL.CUNNINGHAM@HCAHEALTHCARE.COM	

		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)	12/02/2013		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.		REIMBURSEMENT 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: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2014 12:55 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	155	56,575	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)		155	56,575	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	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)		173	63,145	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		203				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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,054	1,711	18,510			1.00
2.00 HMO and other (see instructions)	1,205	1,548				2.00
3.00 HMO IPF Subprovider	23	0				3.00
4.00 HMO IRF Subprovider	143	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,054	1,711	18,510			7.00
8.00 INTENSIVE CARE UNIT	1,552	0	2,816			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	1,053			13.00
14.00 Total (see instructions)	12,606	1,711	22,379	0.00	575.47	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,132	0	3,238	0.00	22.24	16.00
17.00 SUBPROVIDER - IRF	1,407	118	1,962	0.00	12.94	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	610.65	27.00
28.00 Observation Bed Days		176	717			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		91	123			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,505	1,346	5,098	1.00
2.00 HMO and other (see instructions)				224			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,505	1,346	5,098	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		243	334	964	16.00
17.00 SUBPROVIDER - IRF	0.00	0		109	7	146	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,210,129	0	34,210,129	1,270,152.00	26.93
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
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)		2,551,013	0	2,551,013	98,548.00	25.89
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		885,864	0	885,864	14,247.00	62.18
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		523,988	0	523,988	2,817.50	185.98
14.00	Home office salaries & wage-related costs		5,619,289	0	5,619,289	151,617.00	37.06
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)		9,549,653	0	9,549,653		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		761,632	0	761,632		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
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	425,511	0	425,511	14,704.00	28.94
27.00	Administrative & General	5.00	2,946,506	-190,482	2,756,024	76,562.00	36.00
28.00	Administrative & General under contract (see inst.)		74,754	0	74,754	401.00	186.42
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	742,720	0	742,720	28,008.00	26.52
31.00	Laundry & Linen Service	8.00	25,495	0	25,495	2,176.00	11.72
32.00	Housekeeping	9.00	843,475	0	843,475	66,378.00	12.71
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	709,947	-309,912	400,035	32,494.00	12.31
35.00	Dietary under contract (see instructions)		324,207	0	324,207	8,704.00	37.25
36.00	Cafeteria	11.00	0	309,912	309,912	24,592.00	12.60
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	472,639	190,482	663,121	14,289.00	46.41
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	57,507	0	57,507	2,850.00	20.18

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted 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	989,022	0	989,022	36,482.00	27.11	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
1/21/2014 12:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,609,090	0	34,609,090	1,279,257.00	27.05	1.00
2.00	Excluded area salaries (see instructions)	2,551,013	0	2,551,013	98,548.00	25.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,058,077	0	32,058,077	1,180,709.00	27.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,029,141	0	7,029,141	168,681.50	41.67	4.00
5.00	Subtotal wage-related costs (see inst.)	9,549,653	0	9,549,653	0.00	29.79	5.00
6.00	Total (sum of lines 3 thru 5)	48,636,871	0	48,636,871	1,349,390.50	36.04	6.00
7.00	Total overhead cost (see instructions)	7,611,783	0	7,611,783	307,640.00	24.74	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 1/21/2014 12:55 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,127,991	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		89,601	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)		4,877,615	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		566,030	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		37,001	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)		2,292	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		503,467	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		2,238,087	17.00
18.00	Medicare Taxes - Employers Portion Only		523,277	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		237,619	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		34,486	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		73,819	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,311,285	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: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet S-3 Part V Date/Time Prepared: 1/21/2014 12:55 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,447,898	0	1.00
2.00	Hospital	885,864	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	562,034	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-10

Date/Time Prepared:
1/21/2014 12:55 pm

				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.178140	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			16,749,098	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			80,733,239	6.00	
7.00	Medicaid cost (line 1 times line 6)			14,381,819	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			1,653,908	141,580	1,795,488
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			294,627	25,221	319,848
22.00	Partial payment by patients approved for charity care			2,659	2,374	5,033
23.00	Cost of charity care (line 21 minus line 22)			291,968	22,847	314,815
				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?			Y		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					47
26.00	Total bad debt expense for the entire hospital complex (see instructions)					8,236,349
27.00	Medicare bad debts for the entire hospital complex (see instructions)					464,224
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)					7,772,125
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					1,384,526
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					1,699,341
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					1,699,341

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,989,906	2,989,906	294,654	3,284,560	1.00
2.00	00200		2,658,140	2,658,140	863,217	3,521,357	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	425,511	7,987,961	8,413,472	97,700	8,511,172	4.00
5.00	00500	2,946,506	8,886,241	11,832,747	-462,173	11,370,574	5.00
7.00	00700	742,720	2,766,039	3,508,759	-5,587	3,503,172	7.00
8.00	00800	25,495	458,277	483,772	0	483,772	8.00
9.00	00900	843,475	454,613	1,298,088	-7,207	1,290,881	9.00
10.00	01000	709,947	1,530,950	2,240,897	-979,221	1,261,676	10.00
11.00	01100	0	0	0	976,843	976,843	11.00
13.00	01300	472,639	277,858	750,497	-15,053	735,444	13.00
16.00	01600	57,507	35,642	93,149	-10,635	82,514	16.00
18.00	01850	989,022	132,733	1,121,755	-12,593	1,109,162	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,923,513	1,462,831	7,386,344	17,907	7,404,251	30.00
31.00	03100	1,762,645	409,905	2,172,550	-36,798	2,135,752	31.00
40.00	04000	1,152,981	523,692	1,676,673	-2,868	1,673,805	40.00
41.00	04100	808,530	122,921	931,451	-3,913	927,538	41.00
43.00	04300	369,331	127,081	496,412	1,031	497,443	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,152,207	3,788,117	6,940,324	-67,579	6,872,745	50.00
51.00	05100	510,014	85,193	595,207	0	595,207	51.00
52.00	05200	850,123	315,782	1,165,905	-8,350	1,157,555	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	853,371	2,468,344	3,321,715	-271,560	3,050,155	54.00
54.01	05401	166,925	37,754	204,679	0	204,679	54.01
54.02	05402	209,224	110,173	319,397	-1,315	318,082	54.02
55.00	05500	567,034	584,100	1,151,134	-46,361	1,104,773	55.00
56.00	05600	233,147	665,587	898,734	-64	898,670	56.00
57.00	05700	294,827	242,240	537,067	-26	537,041	57.00
58.00	05800	185,105	101,677	286,782	-284	286,498	58.00
59.00	05900	529,373	69,688	599,061	33,975	633,036	59.00
60.00	06000	1,269,520	1,492,376	2,761,896	-130,905	2,630,991	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	25,516	653,195	678,711	0	678,711	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,013,581	392,457	1,406,038	-157,073	1,248,965	65.00
66.00	06600	1,086,761	254,802	1,341,563	-1,047	1,340,516	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	468,717	374,827	843,544	-5,369	838,175	69.00
70.00	07000	58,119	39,442	97,561	-1,688	95,873	70.00
71.00	07100	256,458	4,150,744	4,407,202	411,980	4,819,182	71.00
72.00	07200	0	6,000,710	6,000,710	-231,227	5,769,483	72.00
73.00	07300	1,505,067	8,565,262	10,070,329	-149,892	9,920,437	73.00
74.00	07400	99	627,399	627,498	0	627,498	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	87,297	87,297	0	87,297	76.00
76.01	03021	870,785	734,410	1,605,195	-22,427	1,582,768	76.01
76.02	03022	116,019	18,863	134,882	-376	134,506	76.02
76.03	03023	69,034	638,755	707,789	-2,910	704,879	76.03
76.04	03024	363,812	138,137	501,949	-2,508	499,441	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,735,967	523,934	2,259,901	-56,833	2,203,068	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	09800	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,620,627	63,986,055	97,606,682	3,465	97,610,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,207	0	24,207	0	24,207	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	405,194	175,485	580,679	-957	579,722	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	1,181,119	1,181,119	-2,508	1,178,611	194.01
194.02	07952	SITTERS	160,101	14,109	174,210	0	174,210	194.02
200.00		TOTAL (SUM OF LINES 118-199)	34,210,129	65,356,768	99,566,897	0	99,566,897	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	305,368	3,589,928	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-271,245	3,250,112	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-598,172	7,913,000	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,152,523	14,523,097	5.00
7.00	00700	OPERATION OF PLANT	113,894	3,617,066	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-45,437	438,335	8.00
9.00	00900	HOUSEKEEPING	19,677	1,310,558	9.00
10.00	01000	DIETARY	-766	1,260,910	10.00
11.00	01100	CAFETERIA	-338,759	638,084	11.00
13.00	01300	NURSING ADMINISTRATION	-3,760	731,684	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,660	80,854	16.00
18.00	01850	INSERVICE EDUCATION	-10,482	1,098,680	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-268,223	7,136,028	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,135,752	31.00
40.00	04000	SUBPROVIDER - I PF	-342,615	1,331,190	40.00
41.00	04100	SUBPROVIDER - I RF	-724	926,814	41.00
43.00	04300	NURSERY	-9,057	488,386	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,968,061	1,904,684	50.00
51.00	05100	RECOVERY ROOM	0	595,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-36,453	1,121,102	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,449,584	1,600,571	54.00
54.01	05401	ULTRASOUND	0	204,679	54.01
54.02	05402	MAMMOGRAPHY	0	318,082	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-317	1,104,456	55.00
56.00	05600	RADIOISOTOPE	0	898,670	56.00
57.00	05700	CT SCAN	0	537,041	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	286,498	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	633,036	59.00
60.00	06000	LABORATORY	-3,635	2,627,356	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	678,711	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,248,965	65.00
66.00	06600	PHYSICAL THERAPY	-48,172	1,292,344	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,206	801,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	95,873	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,819,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,769,483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-352	9,920,085	73.00
74.00	07400	RENAL DIALYSIS	0	627,498	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LITHOTRIPSY	0	87,297	76.00
76.01	03021	ENDOSCOPY	-179,651	1,403,117	76.01
76.02	03022	PRISION CLINIC	0	134,506	76.02
76.03	03023	WOUND CARE	-19,673	685,206	76.03
76.04	03024	OPI C	-50,206	449,235	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-99,966	2,103,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,191,714	92,418,433	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,207	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	-167,344	412,378	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	-895,700	282,911	194.01
194.02	07952	SITTERS	0	174,210	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-6,254,758	93,312,139	200.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-6
Date/Time Prepared:
1/21/2014 12:55 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	234,473	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	863,217	2.00	
3.00	NURSERY	43.00	0	1,140	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	
TOTALS			0	1,098,830		
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	60,181	1.00	
TOTALS			0	60,181		
C - EXECUTIVE COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	100,375	1.00	
2.00	NURSING ADMINISTRATION	13.00	190,482	18,034	2.00	
TOTALS			190,482	118,409		
D - CAFETERIA						
1.00	CAFETERIA	11.00	309,912	666,931	1.00	
TOTALS			309,912	666,931		
E - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	461,467	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	
TOTALS			0	461,467		
F - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	60,259	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	33,975	2.00	
3.00		0.00	0	0	3.00	
TOTALS			0	94,234		
G - ER BEDHOLD						
1.00	ADULTS & PEDIATRICS	30.00	36,780	11,083	1.00	
2.00	INTENSIVE CARE UNIT	31.00	578	174	2.00	
TOTALS			37,358	11,257		
H - LOST CHARGES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,921	1.00	
2.00	OPERATING ROOM	50.00	0	128	2.00	
3.00		0.00	0	0	3.00	

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-6

Date/Time Prepared:
1/21/2014 12:55 pm

		Increases				
		Cost Center	Line #	Salary	Other	
	2.00		3.00	4.00	5.00	
4.00			0.00	0	0	4.00
5.00			0.00	0	0	5.00
	TOTALS			0	2,049	
I - OBSERVATION ROOM						
1.00	ADULTS & PEDIATRICS		30.00	4,000	856	1.00
	TOTALS			4,000	856	
500.00	Grand Total: Increases			541,752	2,514,214	500.00

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-6
Date/Time Prepared:
1/21/2014 12:55 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,675	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	93,101	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	5,587	0	3.00	
4.00	HOUSEKEEPING	9.00	0	7,207	0	4.00	
5.00	DIETARY	10.00	0	2,378	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	223,569	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,635	0	7.00	
8.00	INSERVICE EDUCATION	18.00	0	12,593	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	34,519	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	32,647	0	10.00	
11.00	SUBPROVIDER - IPF	40.00	0	2,868	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	2,910	0	12.00	
13.00	OPERATING ROOM	50.00	0	56,330	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,377	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,509	0	15.00	
16.00	MAMMOGRAPHY	54.02	0	1,315	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,508	0	17.00	
18.00	LABORATORY	60.00	0	130,704	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	102,426	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	1,047	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,688	0	21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	72,790	0	22.00	
23.00	ENDOSCOPY	76.01	0	22,427	0	23.00	
24.00	WOUND CARE	76.03	0	1,448	0	24.00	
25.00	OPIC	76.04	0	2,508	0	25.00	
26.00	EMERGENCY	91.00	0	159	0	26.00	
27.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	2,508	0	27.00	
28.00	RADIOISOTOPE	56.00	0	64	0	28.00	
29.00	PRISON CLINIC	76.02	0	376	0	29.00	
30.00	OCCUPATIONAL MEDICINE	194.00	0	957	0	30.00	
	TOTALS		0	1,098,830			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	60,181	12	1.00	
	TOTALS		0	60,181			
C - EXECUTIVE COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	190,482	118,409	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		190,482	118,409			
D - CAFETERIA							
1.00	DIETARY	10.00	309,912	666,931	0	1.00	
	TOTALS		309,912	666,931			
E - MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	251	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	47	0	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	947	0	3.00	
4.00	NURSERY	43.00	0	109	0	4.00	
5.00	OPERATING ROOM	50.00	0	11,377	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,051	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	284	0	7.00	
8.00	LABORATORY	60.00	0	201	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	54,647	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	5,369	0	10.00	
11.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	291,486	0	11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	75,214	0	12.00	
13.00	WOUND CARE	76.03	0	1,462	0	13.00	
14.00	EMERGENCY	91.00	0	8,022	0	14.00	
	TOTALS		0	461,467			
F - IMPLANTABLE DEVICES							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,973	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	39,853	0	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	51,408	0	3.00	
	TOTALS		0	94,234			
G - ER BEDHOLD							
1.00	EMERGENCY	91.00	37,358	11,257	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		37,358	11,257			

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-6

Date/Time Prepared:
1/21/2014 12:55 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
H - LOST CHARGES							
1.00	SUBPROVIDER - IRF	41.00	0	56	0	1.00	
2.00	CT SCAN	57.00	0	26	0	2.00	
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,888	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	42	0	4.00	
5.00	EMERGENCY	91.00	0	37	0	5.00	
	TOTALS		0	2,049			
I - OBSERVATION ROOM							
1.00	INTENSIVE CARE UNIT	31.00	4,000	856	0	1.00	
	TOTALS		4,000	856			
500.00	Grand Total: Decreases		541,752	2,514,214		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part I
Date/Time Prepared:
1/21/2014 12:55 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	0	0	0	0	1.00
2.00	Land Improvements	3,166,367	0	0	0	2.00
3.00	Buildings and Fixtures	30,809,628	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	22,113,125	218,297	0	218,297	5.00
6.00	Movable Equipment	64,607,169	2,532,320	0	2,532,320	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	120,696,289	2,750,617	0	2,750,617	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	120,696,289	2,750,617	0	2,750,617	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	3,166,367	0			2.00
3.00	Buildings and Fixtures	30,809,628	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	22,331,422	0			5.00
6.00	Movable Equipment	67,128,389	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	123,435,806	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	123,435,806	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,989,906	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,658,140	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,648,046	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,989,906				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,658,140				2.00
3.00	Total (sum of lines 1-2)	0	5,648,046				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part III
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	56,307,417	0	56,307,417	0.456168	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	67,128,389	0	67,128,389	0.543832	0	2.00
3.00	Total (sum of lines 1-2)	123,435,806	0	123,435,806	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,295,274	234,473	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,386,895	863,217	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,682,169	1,097,690	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	60,181	0	0	3,589,928	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,250,112	2.00
3.00	Total (sum of lines 1-2)	0	60,181	0	0	6,840,040	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,192,177					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	2,263,723					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 X-RAY COPY	B	-315	54.00	RADIOLOGY-DIAGNOSTIC			0	33.00
33.01 CAFETERIA	B	-327,397	11.00	CAFETERIA			0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8

Date/Time Prepared:
1/21/2014 12:55 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	
33.02 VENDING	B	-11,362	CAFETERIA	11.00	0 33.02
33.03 ED OTHER	B	-10,037	INSERVICE EDUCATION	18.00	0 33.03
33.04 MEDICAL RECORD TRANSCRIPTS	B	-1,660	MEDICAL RECORDS & LIBRARY	16.00	0 33.04
33.05 DONATIONS & GIFTS	B	-158	ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 BADGE DEDUCTIONS	B	-260	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 COMP. REHAB	B	-14,265	PHYSICAL THERAPY	66.00	0 33.07
33.08 OTHER	B	-33,141	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 SCRAP METAL	B	-1,930	OPERATION OF PLANT	7.00	0 33.09
33.10 INTEREST INCOME	B	-8,818	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11 UNCLAIMED PROPERTY	B	-7,997	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12 PATIENT ACCOUNT INTEREST	A	-2,948	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 PATIENT TELEPHONES	A	-12,440	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14 PATIENT TELEPHONES	A	-54,905	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 PATIENT TV	A	-14,683	OPERATION OF PLANT	7.00	0 33.15
33.16 PATIENT TV	A	-4,077	ADULTS & PEDIATRICS	30.00	0 33.16
33.17 PATIENT TV	A	-574	OPERATING ROOM	50.00	0 33.17
33.18 PATIENT TV	A	-389	ELECTROCARDIOLOGY	69.00	0 33.18
33.19 PATIENT TV	A	-45,437	LAUNDRY & LINEN SERVICE	8.00	0 33.19
33.20 PATIENT TV	A	-222	ENDOSCOPY	76.01	0 33.20
33.21 PATIENT TV	A	-534	EMERGENCY	91.00	0 33.21
33.22 ADMIN. TRAVEL	A	-18,308	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23 ADMIN. MEETINGS	A	-4,538	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24 MISC.	A	-704	ADULTS & PEDIATRICS	30.00	0 33.24
33.25 MISC.	A	-61	SUBPROVIDER - IPF	40.00	0 33.25
33.26 MISC.	A	-772	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27 TAXI	A	-45	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28 NONPATIENT GIFTS	A	-214	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.28
33.29 NONPATIENT GIFTS	A	-53,347	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30 NONPATIENT GIFTS	A	-50	SUBPROVIDER - IPF	40.00	0 33.30
33.31 NONPATIENT GIFTS	A	-445	INSERVICE EDUCATION	18.00	0 33.31
33.32 NONPATIENT GIFTS	A	-42	ADULTS & PEDIATRICS	30.00	0 33.32
33.33 NONPATIENT GIFTS	A	-643	SUBPROVIDER - IRF	41.00	0 33.33
33.34 NONPATIENT GIFTS	A	-325	RADIOLOGY-DIAGNOSTIC	54.00	0 33.34
33.35 NONPATIENT GIFTS	A	-317	RADIOLOGY-THERAPEUTIC	55.00	0 33.35
33.36 NONPATIENT GIFTS	A	-535	EMERGENCY	91.00	0 33.36
33.37 ALCOHOL	A	-661	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.37
33.38 ALCOHOL	A	-4,458	ADMINISTRATIVE & GENERAL	5.00	0 33.38
33.39 ALCOHOL	A	-17	DIETARY	10.00	0 33.39
33.40 ALCOHOL	A	-88	ADULTS & PEDIATRICS	30.00	0 33.40
33.41 ALCOHOL	A	-81	SUBPROVIDER - IRF	41.00	0 33.41
33.42 ALCOHOL	A	-26	DELIVERY ROOM & LABOR ROOM	52.00	0 33.42
33.43 ALCOHOL	A	-20	DRUGS CHARGED TO PATIENTS	73.00	0 33.43
33.44 ALCOHOL	A	-97	EMERGENCY	91.00	0 33.44
33.45 COUNTRY CLUB DUES	A	-2,695	ADMINISTRATIVE & GENERAL	5.00	0 33.45
33.46 NONALLOWABLES	A	-9,675	ADMINISTRATIVE & GENERAL	5.00	0 33.46
33.47 NONALLOWABLES	A	-178	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.47
33.48 NONALLOWABLES	A	-749	DIETARY	10.00	0 33.48
33.49 NONALLOWABLES	A	-332	DRUGS CHARGED TO PATIENTS	73.00	0 33.49
33.50 CONTRIBUTIONS	A	-72,199	OTHER NONREIMBURSABLE COST CENTERS	194.01	0 33.50
33.51 LEGAL FEES	A	-8,781	ADMINISTRATIVE & GENERAL	5.00	0 33.51
33.52 DEPRECIATION BUILDING	A	163,690	CAP REL COSTS-BLDG & FIXT	1.00	9 33.52
33.53 DEPRECIATION MME	A	-319,746	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.53
33.54 SOFTWARE AMORTIZATION	A	48,501	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.54
33.55 CAPITAL RENOVATIONS	A	67,006	CAP REL COSTS-BLDG & FIXT	1.00	9 33.55
33.56 LOBBYING DUES	A	-12,070	ADMINISTRATIVE & GENERAL	5.00	0 33.56
33.57 MOB	A	-356	ADMINISTRATIVE & GENERAL	5.00	0 33.57
33.58 MOB	A	-114	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.58
33.59 USEFUL LIFE ADJUSTMENT	A	-44,340	CAP REL COSTS-BLDG & FIXT	1.00	9 33.59
33.60 MELINE POSTAGE	A	-1,573	ADMINISTRATIVE & GENERAL	5.00	0 33.60
33.61 PHYSICIAN RECORDS STORAGE	A	-7,633	OPERATION OF PLANT	7.00	0 33.61
33.62 CONSULTING	A	-41,071	ADMINISTRATIVE & GENERAL	5.00	0 33.62
33.63 PENALTIES	A	-1,384	ADMINISTRATIVE & GENERAL	5.00	0 33.63
33.64 PENALTIES	A	-748	OPERATION OF PLANT	7.00	0 33.64
33.65 CRNA	A	-2,341,391	OPERATING ROOM	50.00	0 33.65
33.66 NURSE PRACTITIONER	A	-101,123	OCCUPATIONAL MEDICINE	194.00	0 33.66
33.67		0		0.00	0 33.67
33.68		0		0.00	0 33.68
33.69		0		0.00	0 33.69

Provider CCN: 150046

Period:
 From 09/01/2012
 To 08/31/2013

Worksheet A-8

Date/Time Prepared:
 1/21/2014 12:55 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			3.00
33.70		0			0.00	0	33.70
33.71		0			0.00	0	33.71
33.72		0			0.00	0	33.72
33.73		0			0.00	0	33.73
33.74		0			0.00	0	33.74
33.75		0			0.00	0	33.75
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-6,254,758					50.00

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HPG	80,749	160,837	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	IT&S	1,605,955	1,623,578	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	1,557,978	6,777,775	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMP.	91,229	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	PARALLON SSC	2,444,933	2,444,933	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	PARALLON SSC BUDGET	0	155,816	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	PARALLON SUPPLY CHAIN	1,059,368	1,059,368	4.03
4.04	30.00	ADULTS & PEDIATRICS	PARALLON ALL ABOUT STAFFING	494	696	4.04
4.05	50.00	OPERATING ROOM	PARALLON ALL ABOUT STAFFING	22,560	31,782	4.05
4.06	52.00	DELIVERY ROOM & LABOR ROOM	PARALLON ALL ABOUT STAFFING	89,121	125,548	4.06
4.07	13.00	NURSING ADMINISTRATION	PARALLON ALL ABOUT STAFFING	9,200	12,960	4.07
4.08	194.01	OTHER NONREIMBURSABLE COST CENTERS	PARALLON MARK-UP	0	704,081	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	PARALLON PAYROLL	32,553	34,198	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	1,277,610	1,273,876	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	HIM	893,026	1,374,959	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	137,468	139,861	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	64,185	64,424	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH	169,003	188,939	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER	0	44,497	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	0	73,571	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	0	390,724	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	GENERAL LIABILITY INSURANCE	0	9,058	4.18
4.20	5.00	ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	0	144,579	4.20
4.21	194.01	OTHER NONREIMBURSABLE COST CENTERS	MARKETING ALLOCATIONS	0	119,420	4.21
4.22	5.00	ADMINISTRATIVE & GENERAL	MARKETING ALLOCATIONS	0	156,461	4.22
4.23	73.00	DRUGS CHARGED TO PATIENTS	HCA HOSPITALS	5,439	5,439	4.23
4.24	30.00	ADULTS & PEDIATRICS	HCA HOSPITALS	89,760	89,760	4.24
4.25	43.00	NURSERY	HCA HOSPITALS	14,001	14,001	4.25
4.26	50.00	OPERATING ROOM	HCA HOSPITALS	151,802	151,802	4.26
4.27	76.04	OPI C	HCA HOSPITALS	89,760	89,760	4.27
4.28	5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	0	-9,454,651	4.28
4.29	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	568,816	0	4.29
4.30	1.00	CAP REL COSTS-BLDG & FIXT	POB HOSPITAL SPACE	119,012	0	4.30
4.31	5.00	ADMINISTRATIVE & GENERAL	POB HOSPITAL SPACE	123,753	0	4.31
4.32	7.00	OPERATION OF PLANT	POB HOSPITAL SPACE	138,888	0	4.32
4.33	9.00	HOUSEKEEPING	POB HOSPITAL SPACE	19,677	0	4.33
4.34	4.00	EMPLOYEE BENEFITS DEPARTMENT	RESTORATION PLAN EXPENSE	0	1,473	4.34
4.35	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE POOLING ADJ.	0	583,092	4.35
4.36	0.00			0	0	4.36
4.37	0.00			0	0	4.37
4.38	0.00			0	0	4.38
4.39	0.00			0	0	4.39
4.40	0.00			0	0	4.40
4.41	0.00			0	0	4.41
4.42	0.00			0	0	4.42
4.43	0.00			0	0	4.43
4.44	0.00			0	0	4.44
4.45	0.00			0	0	4.45
4.46	0.00			0	0	4.46
4.47	0.00			0	0	4.47
4.48	0.00			0	0	4.48
4.49	0.00			0	0	4.49
4.50	0.00			0	0	4.50
4.51	0.00			0	0	4.51
4.52	0.00			0	0	4.52
4.53	0.00			0	0	4.53
4.54	0.00			0	0	4.54
4.55	0.00			0	0	4.55
4.56	0.00			0	0	4.56
4.57	0.00			0	0	4.57
4.58	0.00			0	0	4.58
4.59	0.00			0	0	4.59
4.60	0.00			0	0	4.60
4.61	0.00			0	0	4.61
4.62	0.00			0	0	4.62
4.63	0.00			0	0	4.63
4.64	0.00			0	0	4.64
4.65	0.00			0	0	4.65

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
4.66	0.00		0	0	4.66
4.67	0.00		0	0	4.67
4.68	0.00		0	0	4.68
4.69	0.00		0	0	4.69
4.70	0.00		0	0	4.70
4.71	0.00		0	0	4.71
4.72	0.00		0	0	4.72
4.73	0.00		0	0	4.73
4.74	0.00		0	0	4.74
4.75	0.00		0	0	4.75
4.76	0.00		0	0	4.76
4.77	0.00		0	0	4.77
4.78	0.00		0	0	4.78
4.79	0.00		0	0	4.79
4.80	0.00		0	0	4.80
4.81	0.00		0	0	4.81
4.82	0.00		0	0	4.82
4.83	0.00		0	0	4.83
4.84	0.00		0	0	4.84
4.85	0.00		0	0	4.85
4.86	0.00		0	0	4.86
4.87	0.00		0	0	4.87
4.88	0.00		0	0	4.88
4.89	0.00		0	0	4.89
4.90	0.00		0	0	4.90
4.91	0.00		0	0	4.91
4.92	0.00		0	0	4.92
4.93	0.00		0	0	4.93
4.94	0.00		0	0	4.94
4.95	0.00		0	0	4.95
4.96	0.00		0	0	4.96
4.97	0.00		0	0	4.97
4.98	0.00		0	0	4.98
4.99	0.00		0	0	4.99
5.00	0	0	10,856,340	8,592,617	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

6.00	B	100.00	PARALLON	100.00	6.00
7.00	B	51.66	HPG	51.66	7.00
8.00	B	100.00	HCI	100.00	8.00
9.00	B	100.00	CAPITAL DIVISION	100.00	9.00
10.00	B	100.00	ALL ABOUT STAFF	100.00	10.00
10.01	B	100.00	HCA	100.00	10.01
10.02	B	100.00	POB	100.00	10.02
10.03	B	100.00	HCA HOSPITALS	100.00	10.03
10.04		0.00		0.00	10.04
10.05		0.00		0.00	10.05
10.06		0.00		0.00	10.06
10.07		0.00		0.00	10.07
10.08		0.00		0.00	10.08
10.09		0.00		0.00	10.09
10.10		0.00		0.00	10.10

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
				Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-80,088	0	1.00
2.00	-17,623	0	2.00
3.00	-5,219,797	0	3.00
4.00	91,229	0	4.00
4.01	0	0	4.01
4.02	-155,816	0	4.02
4.03	0	0	4.03
4.04	-202	0	4.04
4.05	-9,222	0	4.05
4.06	-36,427	0	4.06
4.07	-3,760	0	4.07
4.08	-704,081	0	4.08
4.09	-1,645	0	4.09
4.10	3,734	0	4.10
4.11	-481,933	0	4.11
4.12	-2,393	0	4.12
4.13	-239	0	4.13
4.14	-19,936	0	4.14
4.15	-44,497	0	4.15
4.16	-73,571	0	4.16
4.17	-390,724	0	4.17
4.18	-9,058	0	4.18
4.20	-144,579	0	4.20
4.21	-119,420	0	4.21
4.22	-156,461	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
4.28	9,454,651	0	4.28
4.29	568,816	0	4.29
4.30	119,012	9	4.30
4.31	123,753	0	4.31
4.32	138,888	9	4.32
4.33	19,677	0	4.33
4.34	-1,473	0	4.34
4.35	-583,092	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
4.51	0	0	4.51
4.52	0	0	4.52
4.53	0	0	4.53
4.54	0	0	4.54
4.55	0	0	4.55
4.56	0	0	4.56
4.57	0	0	4.57
4.58	0	0	4.58
4.59	0	0	4.59
4.60	0	0	4.60
4.61	0	0	4.61
4.62	0	0	4.62
4.63	0	0	4.63
4.64	0	0	4.64
4.65	0	0	4.65
4.66	0	0	4.66
4.67	0	0	4.67

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.68	0	0		4.68
4.69	0	0		4.69
4.70	0	0		4.70
4.71	0	0		4.71
4.72	0	0		4.72
4.73	0	0		4.73
4.74	0	0		4.74
4.75	0	0		4.75
4.76	0	0		4.76
4.77	0	0		4.77
4.78	0	0		4.78
4.79	0	0		4.79
4.80	0	0		4.80
4.81	0	0		4.81
4.82	0	0		4.82
4.83	0	0		4.83
4.84	0	0		4.84
4.85	0	0		4.85
4.86	0	0		4.86
4.87	0	0		4.87
4.88	0	0		4.88
4.89	0	0		4.89
4.90	0	0		4.90
4.91	0	0		4.91
4.92	0	0		4.92
4.93	0	0		4.93
4.94	0	0		4.94
4.95	0	0		4.95
4.96	0	0		4.96
4.97	0	0		4.97
4.98	0	0		4.98
4.99	0	0		4.99
5.00	2,263,723			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

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

6.00	MANAGEMENT		6.00
7.00	PURCHASING		7.00
8.00	INSURANCE		8.00
9.00	MANAGEMENT		9.00
10.00	STAFFING		10.00
10.01	HOSPITAL MGT.		10.01
10.02	PROFESSIONAL BU		10.02
10.03	HOSPITALS		10.03
10.04			10.04
10.05			10.05
10.06			10.06
10.07			10.07
10.08			10.08
10.09			10.09
10.10			10.10
100.00			100.00

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/21/2014 12:55 pm

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-2

Date/Time Prepared:
1/21/2014 12:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	89,760	0	89,760	171,400	480	1.00
2.00	40.00	SUBPROVIDER - IPF	372,100	305,140	66,960	142,500	432	2.00
3.00	43.00	NURSERY	14,001	9,000	5,001	171,400	60	3.00
4.00	50.00	OPERATING ROOM	2,634,438	2,609,736	24,702	204,100	179	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	1,448,944	1,448,944	0	231,100	0	5.00
6.00	76.01	ENDOSCOPY	204,150	86,400	117,750	171,400	300	6.00
7.00	69.00	ELECTROCARDIOLOGY	50,650	23,650	27,000	171,400	180	7.00
8.00	60.00	LABORATORY	3,800	3,420	380	171,400	2	8.00
9.00	76.03	WOUND CARE	32,775	9,000	23,775	171,400	159	9.00
10.00	66.00	PHYSICAL THERAPY	78,900	0	78,900	171,400	546	10.00
11.00	91.00	EMERGENCY	98,800	98,800	0	171,400	0	11.00
12.00	76.04	OPI C	89,760	0	89,760	171,400	480	12.00
13.00	30.00	ADULTS & PEDIATRICS	212,904	212,904	0	171,400	0	13.00
14.00	194.00	OCCUPATIONAL MEDICINE	66,221	66,221	0	171,400	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	24,000	24,000	0	171,400	0	15.00
200.00			5,421,203	4,897,215	523,988		2,818	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	39,554	1,978	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	29,596	1,480	0	0	0	2.00
3.00	43.00	NURSERY	4,944	247	0	0	0	3.00
4.00	50.00	OPERATING ROOM	17,564	878	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	76.01	ENDOSCOPY	24,721	1,236	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	14,833	742	0	0	0	7.00
8.00	60.00	LABORATORY	165	8	0	0	0	8.00
9.00	76.03	WOUND CARE	13,102	655	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	44,993	2,250	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	76.04	OPI C	39,554	1,978	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
14.00	194.00	OCCUPATIONAL MEDICINE	0	0	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	15.00
200.00			229,026	11,452	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	39,554	50,206	50,206	1.00
2.00	40.00	SUBPROVIDER - IPF	0	29,596	37,364	342,504	2.00
3.00	43.00	NURSERY	0	4,944	57	9,057	3.00
4.00	50.00	OPERATING ROOM	0	17,564	7,138	2,616,874	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,448,944	5.00
6.00	76.01	ENDOSCOPY	0	24,721	93,029	179,429	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	14,833	12,167	35,817	7.00
8.00	60.00	LABORATORY	0	165	215	3,635	8.00
9.00	76.03	WOUND CARE	0	13,102	10,673	19,673	9.00
10.00	66.00	PHYSICAL THERAPY	0	44,993	33,907	33,907	10.00
11.00	91.00	EMERGENCY	0	0	0	98,800	11.00
12.00	76.04	OPI C	0	39,554	50,206	50,206	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	212,904	13.00
14.00	194.00	OCCUPATIONAL MEDICINE	0	0	0	66,221	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	24,000	15.00
200.00			0	229,026	294,962	5,192,177	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	3,589,928	3,589,928				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,250,112		3,250,112			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,913,000	39,865	36,091	7,988,956		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	14,523,097	178,637	161,727	651,709	15,515,170	5.00
7.00 00700 OPERATION OF PLANT	3,617,066	866,800	784,751	175,629	5,444,246	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	438,335	37,643	34,080	6,029	516,087	8.00
9.00 00900 HOUSEKEEPING	1,310,558	13,543	12,261	199,454	1,535,816	9.00
10.00 01000 DIETARY	1,260,910	61,488	55,667	94,595	1,472,660	10.00
11.00 01100 CAFETERIA	638,084	39,216	35,504	73,284	786,088	11.00
13.00 01300 NURSING ADMINISTRATION	731,684	10,524	9,528	156,806	908,542	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	80,854	48,593	43,993	13,599	187,039	16.00
18.00 01850 INSERVICE EDUCATION	1,098,680	29,372	26,592	233,871	1,388,515	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,136,028	664,010	601,156	1,410,365	9,811,559	30.00
31.00 03100 INTENSIVE CARE UNIT	2,135,752	112,993	102,297	415,998	2,767,040	31.00
40.00 04000 SUBPROVIDER - IPF	1,331,190	102,011	92,355	272,642	1,798,198	40.00
41.00 04100 SUBPROVIDER - IRF	926,814	121,274	109,795	191,191	1,349,074	41.00
43.00 04300 NURSERY	488,386	11,098	10,048	87,335	596,867	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,904,684	268,136	242,755	745,393	3,160,968	50.00
51.00 05100 RECOVERY ROOM	595,207	16,743	15,158	120,601	747,709	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,121,102	76,349	69,122	201,026	1,467,599	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,600,571	81,516	73,799	201,794	1,957,680	54.00
54.01 05401 ULTRASOUND	204,679	4,316	3,907	39,472	252,374	54.01
54.02 05402 MAMMOGRAPHY	318,082	15,893	14,388	49,475	397,838	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,104,456	65,665	59,450	134,085	1,363,656	55.00
56.00 05600 RADIOISOTOPE	898,670	7,888	7,141	55,132	968,831	56.00
57.00 05700 CT SCAN	537,041	17,030	15,418	69,717	639,206	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	286,498	11,056	10,009	43,771	351,334	58.00
59.00 05900 CARDIAC CATHETERIZATION	633,036	24,376	22,069	125,179	804,660	59.00
60.00 06000 LABORATORY	2,627,356	56,895	51,509	300,200	3,035,960	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	678,711	3,402	3,080	6,034	691,227	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,248,965	17,424	15,774	239,678	1,521,841	65.00
66.00 06600 PHYSICAL THERAPY	1,292,344	80,888	73,232	256,983	1,703,447	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	801,969	23,302	21,097	110,836	957,204	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	95,873	11,587	10,491	13,743	131,694	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,819,182	90,265	81,720	60,644	5,051,811	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,769,483	0	0	0	5,769,483	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,920,085	28,543	25,841	355,899	10,330,368	73.00
74.00 07400 RENAL DIALYSIS	627,498	5,018	4,543	23	637,082	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 LI THOTRI PSY	87,297	0	0	0	87,297	76.00
76.01 03021 ENDOSCOPY	1,403,117	20,464	18,527	205,912	1,648,020	76.01
76.02 03022 PRI SION CLINIC	134,506	79,730	72,183	27,435	313,854	76.02
76.03 03023 WOUND CARE	685,206	18,370	16,631	16,324	736,531	76.03
76.04 03024 OPI C	449,235	40,662	36,813	86,030	612,740	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	2,103,102	109,293	98,948	401,665	2,713,008	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,418,433	3,511,878	3,179,450	7,849,558	92,130,323	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,207	6,453	5,842	5,724	42,226	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	412,378	39,865	36,091	95,815	584,149	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	282,911	31,732	28,729	0	343,372	194.01
194.02 07952 SITTERS	174,210	0	0	37,859	212,069	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	93,312,139	3,589,928	3,250,112	7,988,956	93,312,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 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	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	15,515,170				5.00	
7.00	00700	OPERATION OF PLANT	1,085,757	6,530,003			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	102,924	98,142	717,153		8.00	
9.00	00900	HOUSEKEEPING	306,291	35,310	0	1,877,417	9.00	
10.00	01000	DIETARY	293,696	160,309	0	47,051	10.00	
11.00	01100	CAFETERIA	156,771	102,244	0	30,009	11.00	
13.00	01300	NURSING ADMINISTRATION	181,192	27,439	0	8,053	13.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	37,302	126,689	0	37,184	16.00	
18.00	01850	INSERVICE EDUCATION	276,914	76,579	0	22,476	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,956,739	1,731,190	378,645	508,114	900,417	30.00
31.00	03100	INTENSIVE CARE UNIT	551,836	294,592	46,132	86,464	39,688	31.00
40.00	04000	SUBPROVIDER - I/PF	358,618	265,962	49,501	78,061	138,502	40.00
41.00	04100	SUBPROVIDER - I/RF	269,049	316,183	11,255	92,801	101,455	41.00
43.00	04300	NURSERY	119,034	28,935	0	8,493	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	630,398	699,078	43,873	205,183	0	50.00
51.00	05100	RECOVERY ROOM	149,117	43,653	0	12,812	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	292,686	199,056	19,364	58,424	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	390,424	212,525	38,357	62,377	0	54.00
54.01	05401	ULTRASOUND	50,331	11,253	0	3,303	0	54.01
54.02	05402	MAMMOGRAPHY	79,342	41,435	0	12,161	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	271,957	171,201	0	50,248	0	55.00
56.00	05600	RADIOISOTOPE	193,216	20,565	0	6,036	0	56.00
57.00	05700	CT SCAN	127,478	44,401	0	13,032	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	70,067	28,825	0	8,460	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	160,475	63,553	0	18,653	0	59.00
60.00	06000	LABORATORY	605,468	148,335	0	43,537	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	137,853	8,869	0	2,603	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	303,504	45,426	0	13,333	0	65.00
66.00	06600	PHYSICAL THERAPY	339,722	210,890	7,886	61,897	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	190,897	60,753	5,405	17,831	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,264	30,210	0	8,867	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,007,493	235,336	42,318	69,072	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,150,620	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,060,169	74,417	0	21,842	0	73.00
74.00	07400	RENAL DIALYSIS	127,055	13,082	0	3,840	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	17,410	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	328,668	53,353	0	15,659	0	76.01
76.02	03022	PRISON CLINIC	62,593	207,869	0	61,011	0	76.02
76.03	03023	WOUND CARE	146,888	47,893	8,478	14,057	0	76.03
76.04	03024	OPIIC	122,200	106,013	19,141	31,115	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	541,061	284,947	46,798	83,633	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,279,479	6,326,512	717,153	1,817,692	1,180,062	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,421	16,824	0	4,938	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	116,498	103,935	0	30,505	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	68,479	82,732	0	24,282	793,654	194.01
194.02	07952	SITTERS	42,293	0	0	0	0	194.02
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)	15,515,170	6,530,003	717,153	1,877,417	1,973,716	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				INSERVICE EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 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	1,075,112					11.00
13.00 01300 NURSING ADMINISTRATION	14,984	1,140,210				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,989		391,203			16.00
18.00 01850 INSERVICE EDUCATION	38,257	48,329	0	1,851,070		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	247,557	312,784	15,276	355,707	16,217,988	30.00
31.00 03100 INTENSIVE CARE UNIT	58,107	73,405	4,562	210,908	4,132,734	31.00
40.00 04000 SUBPROVIDER - I/PF	48,504	61,275	3,028	136,234	2,937,883	40.00
41.00 04100 SUBPROVIDER - I/RF	28,225	35,657	1,489	96,622	2,301,810	41.00
43.00 04300 NURSERY	12,297	15,535	890	40,951	823,002	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	116,947	148,252	51,312	111,343	5,167,354	50.00
51.00 05100 RECOVERY ROOM	14,872	18,788	7,628	15,524	1,010,103	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,324	40,982	3,369	140,516	2,252,320	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,221	53,337	7,961	14,721	2,779,603	54.00
54.01 05401 ULTRASOUND	6,014	7,597	2,111	1,606	334,589	54.01
54.02 05402 MAMMOGRAPHY	8,525	10,770	1,654	9,635	561,360	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	18,535	23,439	7,183	74,407	1,980,626	55.00
56.00 05600 RADIOISOTOPE	7,120	10,087	8,147	0	1,214,002	56.00
57.00 05700 CT SCAN	11,661	14,731	18,034	0	868,543	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,434	0	4,651	535	470,306	58.00
59.00 05900 CARDIAC CATHETERIZATION	15,524	19,611	13,583	16,594	1,112,653	59.00
60.00 06000 LABORATORY	62,217	0	37,234	19,538	3,952,289	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,178	0	3,634	0	845,364	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	36,483	0	9,168	44,430	1,974,185	65.00
66.00 06600 PHYSICAL THERAPY	29,898	37,770	7,148	67,983	2,466,641	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	19,531	24,673	8,595	3,747	1,288,636	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,183	0	647	0	199,865	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,591	18,432	28,280	0	6,467,333	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	12,091	0	6,932,194	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	44,540	0	80,835	8,565	12,620,736	73.00
74.00 07400 RENAL DIALYSIS	36	45	3,015	0	784,155	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0	0	314	0	105,021	76.00
76.01 03021 ENDOSCOPY	28,588	36,115	20,383	19,538	2,150,324	76.01
76.02 03022 PRISON CLINIC	4,490	0	85	4,818	654,720	76.02
76.03 03023 WOUND CARE	2,240	17,351	2,054	2,677	978,169	76.03
76.04 03024 OPI C	14,049	17,748	4,233	0	927,239	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	60,829	76,844	22,609	449,921	4,279,650	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,049,950	1,123,557	391,203	1,846,520	90,791,397	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	72,409	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	13,180	16,653	0	4,550	869,470	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,312,519	194.01
194.02	07952 SITTERS	11,982	0	0	0	266,344	194.02
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,075,112	1,140,210	391,203	1,851,070	93,312,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	16,217,988	30.00
31.00	03100	INTENSIVE CARE UNIT	4,132,734	31.00
40.00	04000	SUBPROVIDER - I PF	2,937,883	40.00
41.00	04100	SUBPROVIDER - I RF	2,301,810	41.00
43.00	04300	NURSERY	823,002	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	5,167,354	50.00
51.00	05100	RECOVERY ROOM	1,010,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,252,320	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,779,603	54.00
54.01	05401	ULTRASOUND	334,589	54.01
54.02	05402	MAMMOGRAPHY	561,360	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,980,626	55.00
56.00	05600	RADIOISOTOPE	1,214,002	56.00
57.00	05700	CT SCAN	868,543	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	470,306	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,112,653	59.00
60.00	06000	LABORATORY	3,952,289	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	845,364	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,974,185	65.00
66.00	06600	PHYSICAL THERAPY	2,466,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,288,636	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,467,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,932,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,620,736	73.00
74.00	07400	RENAL DIALYSIS	784,155	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIPSY	105,021	76.00
76.01	03021	ENDOSCOPY	2,150,324	76.01
76.02	03022	PRI SION CLINIC	654,720	76.02
76.03	03023	WOUND CARE	978,169	76.03
76.04	03024	OPI C	927,239	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	4,279,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	90,791,397	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	72,409	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	869,470	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	1,312,519	194.01
194.02	07952	SITTERS	0	266,344	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	93,312,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	39,865	36,091	75,956	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,700,086	178,637	161,727	2,040,450	5.00
7.00 00700	OPERATION OF PLANT	0	866,800	784,751	1,651,551	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	37,643	34,080	71,723	8.00
9.00 00900	HOUSEKEEPING	0	13,543	12,261	25,804	9.00
10.00 01000	DIETARY	0	61,488	55,667	117,155	10.00
11.00 01100	CAFETERIA	0	39,216	35,504	74,720	11.00
13.00 01300	NURSING ADMINISTRATION	89	10,524	9,528	20,141	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	48,593	43,993	92,586	16.00
18.00 01850	INSERVICE EDUCATION	0	29,372	26,592	55,964	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5	664,010	601,156	1,265,171	30.00
31.00 03100	INTENSIVE CARE UNIT	0	112,993	102,297	215,290	31.00
40.00 04000	SUBPROVIDER - IPF	0	102,011	92,355	194,366	40.00
41.00 04100	SUBPROVIDER - IRF	0	121,274	109,795	231,069	41.00
43.00 04300	NURSERY	0	11,098	10,048	21,146	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	218	268,136	242,755	511,109	50.00
51.00 05100	RECOVERY ROOM	0	16,743	15,158	31,901	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	863	76,349	69,122	146,334	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	81,516	73,799	155,315	54.00
54.01 05401	ULTRASOUND	0	4,316	3,907	8,223	54.01
54.02 05402	MAMMOGRAPHY	0	15,893	14,388	30,281	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	65,665	59,450	125,115	55.00
56.00 05600	RADIOISOTOPE	0	7,888	7,141	15,029	56.00
57.00 05700	CT SCAN	0	17,030	15,418	32,448	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,056	10,009	21,065	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	24,376	22,069	46,445	59.00
60.00 06000	LABORATORY	0	56,895	51,509	108,404	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,402	3,080	6,482	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	17,424	15,774	33,198	65.00
66.00 06600	PHYSICAL THERAPY	0	80,888	73,232	154,120	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	23,302	21,097	44,399	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,587	10,491	22,078	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,265	81,720	171,985	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	28,543	25,841	54,384	73.00
74.00 07400	RENAL DIALYSIS	0	5,018	4,543	9,561	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	LI THOTRI PSY	0	0	0	0	76.00
76.01 03021	ENDOSCOPY	0	20,464	18,527	38,991	76.01
76.02 03022	PRI SION CLINIC	0	79,730	72,183	151,913	76.02
76.03 03023	WOUND CARE	0	18,370	16,631	35,001	76.03
76.04 03024	OPI C	0	40,662	36,813	77,475	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	109,293	98,948	208,241	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,701,261	3,511,878	3,179,450	8,392,589	74,631	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,453	5,842	12,295	54	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OCCUPATIONAL MEDICINE	0	39,865	36,091	75,956	911	194.00
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	0	31,732	28,729	60,461	0	194.01
194.02 07952 SITTERS	0	0	0	0	360	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,701,261	3,589,928	3,250,112	8,541,301	75,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/21/2014 12:55 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	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,046,646				5.00	
7.00	00700	OPERATION OF PLANT	143,227	1,796,448			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	13,577	27,000	112,357		8.00	
9.00	00900	HOUSEKEEPING	40,404	9,714	0	77,818	9.00	
10.00	01000	DIETARY	38,743	44,102	0	1,950	202,849	10.00
11.00	01100	CAFETERIA	20,680	28,128	0	1,244	0	11.00
13.00	01300	NURSING ADMINISTRATION	23,902	7,549	0	334	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,921	34,853	0	1,541	0	16.00
18.00	01850	INSERVICE EDUCATION	36,529	21,067	0	932	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	258,122	476,261	59,322	21,057	92,540	30.00
31.00	03100	INTENSIVE CARE UNIT	72,795	81,044	7,228	3,584	4,079	31.00
40.00	04000	SUBPROVIDER - I/PF	47,307	73,168	7,755	3,236	14,235	40.00
41.00	04100	SUBPROVIDER - I/RF	35,491	86,984	1,763	3,847	10,427	41.00
43.00	04300	NURSERY	15,702	7,960	0	352	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,159	192,321	6,874	8,505	0	50.00
51.00	05100	RECOVERY ROOM	19,671	12,009	0	531	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,610	54,762	3,034	2,422	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,503	58,467	6,009	2,586	0	54.00
54.01	05401	ULTRASOUND	6,639	3,096	0	137	0	54.01
54.02	05402	MAMMOGRAPHY	10,466	11,399	0	504	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	35,875	47,099	0	2,083	0	55.00
56.00	05600	RADIOISOTOPE	25,488	5,658	0	250	0	56.00
57.00	05700	CT SCAN	16,816	12,215	0	540	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,243	7,930	0	351	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,169	17,484	0	773	0	59.00
60.00	06000	LABORATORY	79,870	40,808	0	1,805	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,185	2,440	0	108	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	40,037	12,497	0	553	0	65.00
66.00	06600	PHYSICAL THERAPY	44,814	58,017	1,236	2,566	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,182	16,714	847	739	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,465	8,311	0	368	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	132,903	64,742	6,630	2,863	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	151,784	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	271,735	20,473	0	905	0	73.00
74.00	07400	RENAL DIALYSIS	16,760	3,599	0	159	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	2,297	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	43,356	14,678	0	649	0	76.01
76.02	03022	PRISON CLINIC	8,257	57,186	0	2,529	0	76.02
76.03	03023	WOUND CARE	19,377	13,176	1,328	583	0	76.03
76.04	03024	OPIIC	16,120	29,165	2,999	1,290	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	71,374	78,391	7,332	3,467	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,015,555	1,740,467	112,357	75,343	121,281	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,111	4,628	0	205	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	15,368	28,593	0	1,264	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	9,033	22,760	0	1,006	81,568	194.01
194.02	07952	SITTERS	5,579	0	0	0	0	194.02
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)	2,046,646	1,796,448	112,357	77,818	202,849	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/21/2014 12:55 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE EDUCATION	Subtotal	
	11.00	13.00	16.00	18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100	125,469					11.00
13.00 01300	1,749	55,166				13.00
16.00 01600	349	0	134,379			16.00
18.00 01850	4,465	2,338	0	123,518		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	28,890	15,130	5,251	23,736	2,258,895	30.00
31.00 03100	6,781	3,552	1,568	14,073	413,949	31.00
40.00 04000	5,661	2,965	1,041	9,091	361,417	40.00
41.00 04100	3,294	1,725	512	6,447	383,377	41.00
43.00 04300	1,435	752	306	2,733	51,216	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	13,648	7,173	17,639	7,430	854,944	50.00
51.00 05100	1,736	909	2,622	1,036	71,562	51.00
52.00 05200	3,539	1,983	1,158	9,376	263,129	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	4,927	2,581	2,737	982	287,025	54.00
54.01 05401	702	368	726	107	20,373	54.01
54.02 05402	995	521	568	643	55,847	54.02
55.00 05500	2,163	1,134	2,469	4,965	222,178	55.00
56.00 05600	831	488	2,800	0	51,068	56.00
57.00 05700	1,361	713	6,199	0	70,955	57.00
58.00 05800	751	0	1,599	36	41,391	58.00
59.00 05900	1,812	949	4,669	1,107	95,598	59.00
60.00 06000	7,261	0	12,799	1,304	255,105	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100						61.00
62.00 06200	137	0	1,249	0	28,658	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	4,258	0	3,151	2,965	98,938	65.00
66.00 06600	3,489	1,827	2,457	4,536	275,505	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	2,279	1,194	2,955	250	95,613	69.00
70.00 07000	255	0	222	0	34,830	70.00
71.00 07100	1,703	892	9,721	0	392,016	71.00
72.00 07200	0	0	4,156	0	155,940	72.00
73.00 07300	5,198	0	27,692	572	384,342	73.00
74.00 07400	4	2	1,036	0	31,121	74.00
75.00 07500	0	0	0	0	0	75.00
76.00 03020	0	0	108	0	2,405	76.00
76.01 03021	3,336	1,747	7,007	1,304	113,026	76.01
76.02 03022	524	0	29	321	221,020	76.02
76.03 03023	261	840	706	179	71,606	76.03
76.04 03024	1,640	859	1,455	0	131,821	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	0	0	0	0	0	88.00
89.00 08900	0	0	0	0	0	89.00
90.00 09000	0	0	0	0	0	90.00
91.00 09100	7,099	3,718	7,772	30,021	421,233	91.00
92.00 09200						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	0	0	0	0	0	94.00
95.00 09500	0	0	0	0	0	95.00
96.00 09600	0	0	0	0	0	96.00
97.00 09700	0	0	0	0	0	97.00
98.00 09800	0	0	0	0	0	98.00
99.00 09900	0	0	0	0	0	99.00
99.10 09910	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE INSERVICE EDUCATION	Subtotal	
		11.00	13.00	16.00	18.00	24.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	122,533	54,360	134,379	123,214	8,216,103	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	18,293	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	1,538	806	0	304	124,740	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	174,828	194.01
194.02	07952 SITTERS	1,398	0	0	0	7,337	194.02
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)	125,469	55,166	134,379	123,518	8,541,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/21/2014 12:55 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	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
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	INSERVICE EDUCATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,258,895	30.00
31.00	03100	INTENSIVE CARE UNIT	413,949	31.00
40.00	04000	SUBPROVIDER - I PF	361,417	40.00
41.00	04100	SUBPROVIDER - I RF	383,377	41.00
43.00	04300	NURSERY	51,216	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	854,944	50.00
51.00	05100	RECOVERY ROOM	71,562	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	263,129	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,025	54.00
54.01	05401	ULTRASOUND	20,373	54.01
54.02	05402	MAMMOGRAPHY	55,847	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	222,178	55.00
56.00	05600	RADIOISOTOPE	51,068	56.00
57.00	05700	CT SCAN	70,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,598	59.00
60.00	06000	LABORATORY	255,105	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	28,658	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,938	65.00
66.00	06600	PHYSICAL THERAPY	275,505	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	95,613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,016	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,940	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,342	73.00
74.00	07400	RENAL DIALYSIS	31,121	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	LITHOTRIPSY	2,405	76.00
76.01	03021	ENDOSCOPY	113,026	76.01
76.02	03022	PRI SON CLINIC	221,020	76.02
76.03	03023	WOUND CARE	71,606	76.03
76.04	03024	OPI C	131,821	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	421,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	25.00	26.00	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,216,103	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,293	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	0	124,740	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	174,828	194.01
194.02	07952	SITTERS	0	7,337	194.02
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,541,301	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	337,697				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		337,697			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	33,784,618		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,804	16,804	2,756,024	-15,515,170	5.00
7.00 00700	OPERATION OF PLANT	81,538	81,538	742,720	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,541	3,541	25,495	0	8.00
9.00 00900	HOUSEKEEPING	1,274	1,274	843,475	0	9.00
10.00 01000	DIETARY	5,784	5,784	400,035	0	10.00
11.00 01100	CAFETERIA	3,689	3,689	309,912	0	11.00
13.00 01300	NURSING ADMINISTRATION	990	990	663,121	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,571	4,571	57,507	0	16.00
18.00 01850	INSERVICE EDUCATION	2,763	2,763	989,022	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	62,462	62,462	5,964,293	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,629	10,629	1,759,223	0	31.00
40.00 04000	SUBPROVIDER - IPF	9,596	9,596	1,152,981	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,408	11,408	808,530	0	41.00
43.00 04300	NURSERY	1,044	1,044	369,331	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,223	25,223	3,152,207	0	50.00
51.00 05100	RECOVERY ROOM	1,575	1,575	510,014	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,182	7,182	850,123	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,668	7,668	853,371	0	54.00
54.01 05401	ULTRASOUND	406	406	166,925	0	54.01
54.02 05402	MAMMOGRAPHY	1,495	1,495	209,224	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	6,177	6,177	567,034	0	55.00
56.00 05600	RADIOISOTOPE	742	742	233,147	0	56.00
57.00 05700	CT SCAN	1,602	1,602	294,827	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	1,040	185,105	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,293	2,293	529,373	0	59.00
60.00 06000	LABORATORY	5,352	5,352	1,269,520	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	320	25,516	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,639	1,639	1,013,581	0	65.00
66.00 06600	PHYSICAL THERAPY	7,609	7,609	1,086,761	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,192	2,192	468,717	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,090	1,090	58,119	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	8,491	256,458	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,685	2,685	1,505,067	0	73.00
74.00 07400	RENAL DIALYSIS	472	472	99	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	LITHOTRIpsy	0	0	0	0	76.00
76.01 03021	ENDOSCOPY	1,925	1,925	870,785	0	76.01
76.02 03022	PRISSION CLINIC	7,500	7,500	116,019	0	76.02
76.03 03023	WOUND CARE	1,728	1,728	69,034	0	76.03
76.04 03024	OPIc	3,825	3,825	363,812	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	10,281	10,281	1,698,609	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	330,355	330,355	33,195,116	-15,515,170	76,615,153	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	24,207	0	42,226	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OCCUPATIONAL MEDICINE	3,750	3,750	405,194	0	584,149	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,985	2,985	0	0	343,372	194.01
194.02	07952	SITTERS	0	0	160,101	0	212,069	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,589,928	3,250,112	7,988,956		15,515,170	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.630619	9.624344	0.236467		0.199432	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			75,956		2,046,646	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002248		0.026308	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	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	235,605				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,541	19,370			8.00
9.00	00900	HOUSEKEEPING	1,274	0	230,790		9.00
10.00	01000	DIETARY	5,784	0	5,784	150,983	10.00
11.00	01100	CAFETERIA	3,689	0	3,689	0	11.00
13.00	01300	NURSING ADMINISTRATION	990	0	990	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,571	0	4,571	0	16.00
18.00	01850	INSERVICE EDUCATION	2,763	0	2,763	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,462	10,227	62,462	68,879	30.00
31.00	03100	INTENSIVE CARE UNIT	10,629	1,246	10,629	3,036	31.00
40.00	04000	SUBPROVIDER - IPF	9,596	1,337	9,596	10,595	40.00
41.00	04100	SUBPROVIDER - IRF	11,408	304	11,408	7,761	41.00
43.00	04300	NURSERY	1,044	0	1,044	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,223	1,185	25,223	0	50.00
51.00	05100	RECOVERY ROOM	1,575	0	1,575	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,182	523	7,182	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,668	1,036	7,668	0	54.00
54.01	05401	ULTRASOUND	406	0	406	0	54.01
54.02	05402	MAMMOGRAPHY	1,495	0	1,495	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,177	0	6,177	0	55.00
56.00	05600	RADIOISOTOPE	742	0	742	0	56.00
57.00	05700	CT SCAN	1,602	0	1,602	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	0	1,040	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,293	0	2,293	0	59.00
60.00	06000	LABORATORY	5,352	0	5,352	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	0	320	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,639	0	1,639	0	65.00
66.00	06600	PHYSICAL THERAPY	7,609	213	7,609	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,192	146	2,192	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,090	0	1,090	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	1,143	8,491	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,685	0	2,685	0	73.00
74.00	07400	RENAL DIALYSIS	472	0	472	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	1,925	0	1,925	0	76.01
76.02	03022	PRI SION CLINIC	7,500	0	7,500	0	76.02
76.03	03023	WOUND CARE	1,728	229	1,728	0	76.03
76.04	03024	OPI C	3,825	517	3,825	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,281	1,264	10,281	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				58,007	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	228,263	19,370	223,448	90,271	1,001,243	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	607	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OCCUPATIONAL MEDICINE	3,750	0	3,750	0	12,569	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	2,985	0	2,985	60,712	0	194.01
194.02	07952 SITTERS	0	0	0	0	11,426	194.02
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)	6,530,003	717,153	1,877,417	1,973,716	1,075,112	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.715893	37.023903	8.134742	13.072439	1.048646	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,796,448	112,357	77,818	202,849	125,469	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.624830	5.800568	0.337181	1.343522	0.122380	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE INSERVICE EDUCATION (TIME SPENT)	
	13.00	16.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 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	860,703			13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	509,662,648		16.00
18.00 01850 INSERVICE EDUCATION	36,482	0	6,916	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	236,108	19,890,808	1,329	30.00
31.00 03100 INTENSIVE CARE UNIT	55,411	5,940,539	788	31.00
40.00 04000 SUBPROVIDER - I/PF	46,254	3,942,355	509	40.00
41.00 04100 SUBPROVIDER - I/RF	26,916	1,938,198	361	41.00
43.00 04300 NURSERY	11,727	1,159,025	153	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	111,910	66,812,531	416	50.00
51.00 05100 RECOVERY ROOM	14,182	9,932,665	58	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,936	4,386,722	525	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	40,262	10,366,463	55	54.00
54.01 05401 ULTRASOUND	5,735	2,748,680	6	54.01
54.02 05402 MAMMOGRAPHY	8,130	2,153,288	36	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	17,693	9,352,214	278	55.00
56.00 05600 RADIOISOTOPE	7,614	10,607,480	0	56.00
57.00 05700 CT SCAN	11,120	23,481,521	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,055,949	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	14,804	17,686,147	62	59.00
60.00 06000 LABORATORY	0	48,481,287	73	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,731,558	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	11,937,083	166	65.00
66.00 06600 PHYSICAL THERAPY	28,511	9,306,764	254	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	18,625	11,192,033	14	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	842,749	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,914	36,822,917	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,743,117	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	105,539,228	32	73.00
74.00 07400 RENAL DIALYSIS	34	3,925,854	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0	409,454	0	76.00
76.01 03021 ENDOSCOPY	27,262	26,540,017	73	76.01
76.02 03022 PRISION CLINIC	0	111,200	18	76.02
76.03 03023 WOUND CARE	13,098	2,673,829	10	76.03
76.04 03024 OPI C	13,397	5,511,773	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	58,007	29,439,200	1,681	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
					INSERVICE EDUCATION (TIME SPENT)		
			13.00	16.00	18.00		
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	848,132	509,662,648	6,899		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	OCCUPATIONAL MEDICINE	12,571	0	17		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.01
194.02	07952	SITTERS	0	0	0		194.02
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)	1,140,210	391,203	1,851,070		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.324743	0.000768	267.650376		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,166	134,379	123,518		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.064094	0.000264	17.859746		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,217,988		16,217,988	50,206	16,268,194	30.00
31.00	03100	INTENSIVE CARE UNIT	4,132,734		4,132,734	0	4,132,734	31.00
40.00	04000	SUBPROVIDER - I/PF	2,937,883		2,937,883	37,364	2,975,247	40.00
41.00	04100	SUBPROVIDER - I/RF	2,301,810		2,301,810	0	2,301,810	41.00
43.00	04300	NURSERY	823,002		823,002	57	823,059	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,167,354		5,167,354	7,138	5,174,492	50.00
51.00	05100	RECOVERY ROOM	1,010,103		1,010,103	0	1,010,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,252,320		2,252,320	0	2,252,320	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,779,603		2,779,603	0	2,779,603	54.00
54.01	05401	ULTRASOUND	334,589		334,589	0	334,589	54.01
54.02	05402	MAMMOGRAPHY	561,360		561,360	0	561,360	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,980,626		1,980,626	0	1,980,626	55.00
56.00	05600	RADIOISOTOPE	1,214,002		1,214,002	0	1,214,002	56.00
57.00	05700	CT SCAN	868,543		868,543	0	868,543	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	470,306		470,306	0	470,306	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,112,653		1,112,653	0	1,112,653	59.00
60.00	06000	LABORATORY	3,952,289		3,952,289	215	3,952,504	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	845,364		845,364	0	845,364	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,974,185	0	1,974,185	0	1,974,185	65.00
66.00	06600	PHYSICAL THERAPY	2,466,641	0	2,466,641	33,907	2,500,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,288,636		1,288,636	12,167	1,300,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,865		199,865	0	199,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,467,333		6,467,333	0	6,467,333	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,932,194		6,932,194	0	6,932,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,620,736		12,620,736	0	12,620,736	73.00
74.00	07400	RENAL DIALYSIS	784,155		784,155	0	784,155	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	LI THOTRI PSY	105,021		105,021	0	105,021	76.00
76.01	03021	ENDOSCOPY	2,150,324		2,150,324	93,029	2,243,353	76.01
76.02	03022	PRI SION CLINI C	654,720		654,720	0	654,720	76.02
76.03	03023	WOUND CARE	978,169		978,169	10,673	988,842	76.03
76.04	03024	OPI C	927,239		927,239	50,206	977,445	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINI C	0		0	0	0	90.00
91.00	09100	EMERGENCY	4,279,650		4,279,650	0	4,279,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	606,661		606,661	0	606,661	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KI DNEY ACQUI SITI ON	0		0	0	0	105.00
106.00	10600	HEART ACQUI SITI ON	0		0	0	0	106.00
107.00	10700	LI VER ACQUI SITI ON	0		0	0	0	107.00
108.00	10800	LUNG ACQUI SITI ON	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUI SITI ON	0		0	0	0	109.00
110.00	11000	INTESTI NAL ACQUI SITI ON	0		0	0	0	110.00
111.00	11100	I SLET ACQUI SITI ON	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTI LI ZATI ON REVI EW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

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		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	91,398,058	0	91,398,058	294,962		91,693,020	200.00
201.00		Less Observation Beds	606,661		606,661			606,661	201.00
202.00		Total (see instructions)	90,791,397	0	90,791,397	294,962		91,086,359	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,670,107		17,670,107		30.00
31.00	03100	INTENSIVE CARE UNIT	5,940,539		5,940,539		31.00
40.00	04000	SUBPROVIDER - IPF	3,942,355		3,942,355		40.00
41.00	04100	SUBPROVIDER - IRF	1,938,198		1,938,198		41.00
43.00	04300	NURSERY	1,159,025		1,159,025		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,650,843	42,161,688	66,812,531	0.077341	50.00
51.00	05100	RECOVERY ROOM	2,768,180	7,164,485	9,932,665	0.101695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,223,697	163,025	4,386,722	0.513440	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,910,915	7,455,548	10,366,463	0.268134	54.00
54.01	05401	ULTRASOUND	587,733	2,160,947	2,748,680	0.121727	54.01
54.02	05402	MAMMOGRAPHY	10,276	2,143,012	2,153,288	0.260699	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	428,876	8,923,338	9,352,214	0.211782	55.00
56.00	05600	RADIOISOTOPE	917,824	9,689,656	10,607,480	0.114488	56.00
57.00	05700	CT SCAN	6,646,349	16,835,172	23,481,521	0.036988	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,191,933	4,864,016	6,055,949	0.077660	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,397,630	7,288,517	17,686,147	0.062911	59.00
60.00	06000	LABORATORY	23,140,909	25,340,378	48,481,287	0.081522	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,949,931	781,627	4,731,558	0.178665	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,336,405	600,678	11,937,083	0.165383	65.00
66.00	06600	PHYSICAL THERAPY	6,304,827	3,001,937	9,306,764	0.265037	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,002,494	5,189,539	11,192,033	0.115139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,873	508,876	842,749	0.237158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,917,969	17,904,948	36,822,917	0.175633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,649,900	7,093,217	15,743,117	0.440332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,359,851	46,179,377	105,539,228	0.119583	73.00
74.00	07400	RENAL DIALYSIS	3,897,390	28,464	3,925,854	0.199741	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	LI THOTRI PSY	19,591	389,863	409,454	0.256490	76.00
76.01	03021	ENDOSCOPY	1,492,930	25,047,087	26,540,017	0.081022	76.01
76.02	03022	PRI SION CLINIC	1,197	110,003	111,200	5.887770	76.02
76.03	03023	WOUND CARE	49,223	2,624,606	2,673,829	0.365831	76.03
76.04	03024	OPIC	74,159	5,437,614	5,511,773	0.168229	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	7,753,384	21,685,816	29,439,200	0.145372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	677,598	1,543,103	2,220,701	0.273184	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09910	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

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	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	237,346,111	272,316,537	509,662,648			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	237,346,111	272,316,537	509,662,648			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/21/2014 12:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.077448		50.00
51.00	05100 RECOVERY ROOM	0.101695		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.513440		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268134		54.00
54.01	05401 ULTRASOUND	0.121727		54.01
54.02	05402 MAMMOGRAPHY	0.260699		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211782		55.00
56.00	05600 RADIOISOTOPE	0.114448		56.00
57.00	05700 CT SCAN	0.036988		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077660		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062911		59.00
60.00	06000 LABORATORY	0.081526		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.165383		65.00
66.00	06600 PHYSICAL THERAPY	0.268681		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.116226		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237158		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440332		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119583		73.00
74.00	07400 RENAL DIALYSIS	0.199741		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.256490		76.00
76.01	03021 ENDOSCOPY	0.084527		76.01
76.02	03022 PRISION CLINIC	5.887770		76.02
76.03	03023 WOUND CARE	0.369822		76.03
76.04	03024 OPIC	0.177338		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.145372		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.273184		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	16,217,988		16,217,988	50,206	16,268,194	30.00
31.00	03100 INTENSIVE CARE UNIT	4,132,734		4,132,734	0	4,132,734	31.00
40.00	04000 SUBPROVIDER - I/PF	2,937,883		2,937,883	37,364	2,975,247	40.00
41.00	04100 SUBPROVIDER - I/RF	2,301,810		2,301,810	0	2,301,810	41.00
43.00	04300 NURSERY	823,002		823,002	57	823,059	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,167,354		5,167,354	7,138	5,174,492	50.00
51.00	05100 RECOVERY ROOM	1,010,103		1,010,103	0	1,010,103	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,252,320		2,252,320	0	2,252,320	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,779,603		2,779,603	0	2,779,603	54.00
54.01	05401 ULTRASOUND	334,589		334,589	0	334,589	54.01
54.02	05402 MAMMOGRAPHY	561,360		561,360	0	561,360	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,980,626		1,980,626	0	1,980,626	55.00
56.00	05600 RADIOISOTOPE	1,214,002		1,214,002	0	1,214,002	56.00
57.00	05700 CT SCAN	868,543		868,543	0	868,543	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	470,306		470,306	0	470,306	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,112,653		1,112,653	0	1,112,653	59.00
60.00	06000 LABORATORY	3,952,289		3,952,289	215	3,952,504	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	845,364		845,364	0	845,364	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,974,185	0	1,974,185	0	1,974,185	65.00
66.00	06600 PHYSICAL THERAPY	2,466,641	0	2,466,641	33,907	2,500,548	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,288,636		1,288,636	12,167	1,300,803	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	199,865		199,865	0	199,865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,467,333		6,467,333	0	6,467,333	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,932,194		6,932,194	0	6,932,194	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,620,736		12,620,736	0	12,620,736	73.00
74.00	07400 RENAL DIALYSIS	784,155		784,155	0	784,155	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 LI THOTRI PSY	105,021		105,021	0	105,021	76.00
76.01	03021 ENDOSCOPY	2,150,324		2,150,324	93,029	2,243,353	76.01
76.02	03022 PRI SION CLINI C	654,720		654,720	0	654,720	76.02
76.03	03023 WOUND CARE	978,169		978,169	10,673	988,842	76.03
76.04	03024 OPI C	927,239		927,239	50,206	977,445	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINI C	0		0	0	0	90.00
91.00	09100 EMERGENCY	4,279,650		4,279,650	0	4,279,650	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	606,661		606,661	0	606,661	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DI ALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

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	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	91,398,058	0	91,398,058	294,962	91,693,020	200.00
201.00		Less Observation Beds	606,661		606,661		606,661	201.00
202.00		Total (see instructions)	90,791,397	0	90,791,397	294,962	91,086,359	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 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	17,670,107		17,670,107		30.00
31.00	03100	INTENSIVE CARE UNIT	5,940,539		5,940,539		31.00
40.00	04000	SUBPROVIDER - IPF	3,942,355		3,942,355		40.00
41.00	04100	SUBPROVIDER - IRF	1,938,198		1,938,198		41.00
43.00	04300	NURSERY	1,159,025		1,159,025		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,650,843	42,161,688	66,812,531	0.077341	50.00
51.00	05100	RECOVERY ROOM	2,768,180	7,164,485	9,932,665	0.101695	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,223,697	163,025	4,386,722	0.513440	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,910,915	7,455,548	10,366,463	0.268134	54.00
54.01	05401	ULTRASOUND	587,733	2,160,947	2,748,680	0.121727	54.01
54.02	05402	MAMMOGRAPHY	10,276	2,143,012	2,153,288	0.260699	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	428,876	8,923,338	9,352,214	0.211782	55.00
56.00	05600	RADIOISOTOPE	917,824	9,689,656	10,607,480	0.114488	56.00
57.00	05700	CT SCAN	6,646,349	16,835,172	23,481,521	0.036988	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,191,933	4,864,016	6,055,949	0.077660	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,397,630	7,288,517	17,686,147	0.062911	59.00
60.00	06000	LABORATORY	23,140,909	25,340,378	48,481,287	0.081522	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,949,931	781,627	4,731,558	0.178665	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,336,405	600,678	11,937,083	0.165383	65.00
66.00	06600	PHYSICAL THERAPY	6,304,827	3,001,937	9,306,764	0.265037	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,002,494	5,189,539	11,192,033	0.115139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	333,873	508,876	842,749	0.237158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,917,969	17,904,948	36,822,917	0.175633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,649,900	7,093,217	15,743,117	0.440332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,359,851	46,179,377	105,539,228	0.119583	73.00
74.00	07400	RENAL DIALYSIS	3,897,390	28,464	3,925,854	0.199741	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	LI THOTRI PSY	19,591	389,863	409,454	0.256490	76.00
76.01	03021	ENDOSCOPY	1,492,930	25,047,087	26,540,017	0.081022	76.01
76.02	03022	PRI SION CLINIC	1,197	110,003	111,200	5.887770	76.02
76.03	03023	WOUND CARE	49,223	2,624,606	2,673,829	0.365831	76.03
76.04	03024	OPIC	74,159	5,437,614	5,511,773	0.168229	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	7,753,384	21,685,816	29,439,200	0.145372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	677,598	1,543,103	2,220,701	0.273184	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/21/2014 12:55 pm

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				
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	237,346,111	272,316,537	509,662,648			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	237,346,111	272,316,537	509,662,648			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/21/2014 12:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 MAMMOGRAPHY	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 LI THOTRI PSY	0.000000		76.00
76.01	03021 ENDOSCOPY	0.000000		76.01
76.02	03022 PRI SION CLINIC	0.000000		76.02
76.03	03023 WOUND CARE	0.000000		76.03
76.04	03024 OPI C	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DI ALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00
116.00	11600 HOSPI CE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet C Part I Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX		Hospital		Cost	
Cost Center Description		PPS Inpatient Ratio					
		11.00					
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)						202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part I
Date/Time Prepared:
1/21/2014 12:55 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)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,258,895	0	2,258,895	19,227	117.49	30.00	
31.00	INTENSIVE CARE UNIT	413,949		413,949	2,816	147.00	31.00	
40.00	SUBPROVIDER - IPF	361,417	0	361,417	3,238	111.62	40.00	
41.00	SUBPROVIDER - IRF	383,377	0	383,377	1,962	195.40	41.00	
43.00	NURSERY	51,216		51,216	1,053	48.64	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	3,468,854		3,468,854	28,296		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	11,054	1,298,734					30.00
31.00	INTENSIVE CARE UNIT	1,552	228,144					31.00
40.00	SUBPROVIDER - IPF	1,132	126,354					40.00
41.00	SUBPROVIDER - IRF	1,407	274,928					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	15,145	1,928,160					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part II Date/Time Prepared: 1/21/2014 12:55 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	854,944	66,812,531	0.012796	12,755,550	163,220	50.00
51.00	05100	RECOVERY ROOM	71,562	9,932,665	0.007205	1,436,830	10,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	263,129	4,386,722	0.059983	33,737	2,024	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,025	10,366,463	0.027688	1,642,764	45,485	54.00
54.01	05401	ULTRASOUND	20,373	2,748,680	0.007412	290,882	2,156	54.01
54.02	05402	MAMMOGRAPHY	55,847	2,153,288	0.025936	5,372	139	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	222,178	9,352,214	0.023757	229,744	5,458	55.00
56.00	05600	RADIOISOTOPE	51,068	10,607,480	0.004814	532,687	2,564	56.00
57.00	05700	CT SCAN	70,955	23,481,521	0.003022	3,609,765	10,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,391	6,055,949	0.006835	596,265	4,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,598	17,686,147	0.005405	5,746,013	31,057	59.00
60.00	06000	LABORATORY	255,105	48,481,287	0.005262	12,230,082	64,355	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	28,658	4,731,558	0.006057	2,278,704	13,802	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,938	11,937,083	0.008288	6,871,241	56,949	65.00
66.00	06600	PHYSICAL THERAPY	275,505	9,306,764	0.029603	1,631,349	48,293	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	95,613	11,192,033	0.008543	3,694,545	31,562	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,830	842,749	0.041329	183,253	7,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,016	36,822,917	0.010646	10,245,213	109,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,940	15,743,117	0.009905	5,525,694	54,732	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,342	105,539,228	0.003642	31,806,674	115,840	73.00
74.00	07400	RENAL DIALYSIS	31,121	3,925,854	0.007927	2,532,760	20,077	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	LI THOTRI PSY	2,405	409,454	0.005874	0	0	76.00
76.01	03021	ENDOSCOPY	113,026	26,540,017	0.004259	908,013	3,867	76.01
76.02	03022	PRISON CLINIC	221,020	111,200	1.987590	0	0	76.02
76.03	03023	WOUND CARE	71,606	2,673,829	0.026780	20,899	560	76.03
76.04	03024	OPI C	131,821	5,511,773	0.023916	52,072	1,245	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	421,233	29,439,200	0.014309	3,709,457	53,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	84,237	2,220,701	0.037933	281,860	10,692	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	4,831,486	479,012,424		108,851,425	869,137	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part III Date/Time Prepared: 1/21/2014 12:55 pm
---	----------------------	---	--

Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,227	0.00	11,054	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,816	0.00	1,552	0		31.00
40.00	04000	SUBPROVIDER - IPF	3,238	0.00	1,132	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,962	0.00	1,407	0		41.00
43.00	04300	NURSERY	1,053	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	28,296		15,145	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm
--	----------------------	---	---

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRI SION CLINIC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm
--	----------------------	---------------------------------------	--

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,812,531	0.000000	0.000000	12,755,550	50.00
51.00	05100	RECOVERY ROOM	0	9,932,665	0.000000	0.000000	1,436,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,386,722	0.000000	0.000000	33,737	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,366,463	0.000000	0.000000	1,642,764	54.00
54.01	05401	ULTRASOUND	0	2,748,680	0.000000	0.000000	290,882	54.01
54.02	05402	MAMMOGRAPHY	0	2,153,288	0.000000	0.000000	5,372	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,352,214	0.000000	0.000000	229,744	55.00
56.00	05600	RADIOISOTOPE	0	10,607,480	0.000000	0.000000	532,687	56.00
57.00	05700	CT SCAN	0	23,481,521	0.000000	0.000000	3,609,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,055,949	0.000000	0.000000	596,265	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,686,147	0.000000	0.000000	5,746,013	59.00
60.00	06000	LABORATORY	0	48,481,287	0.000000	0.000000	12,230,082	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,731,558	0.000000	0.000000	2,278,704	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,937,083	0.000000	0.000000	6,871,241	65.00
66.00	06600	PHYSICAL THERAPY	0	9,306,764	0.000000	0.000000	1,631,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,192,033	0.000000	0.000000	3,694,545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	842,749	0.000000	0.000000	183,253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,822,917	0.000000	0.000000	10,245,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,743,117	0.000000	0.000000	5,525,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,539,228	0.000000	0.000000	31,806,674	73.00
74.00	07400	RENAL DIALYSIS	0	3,925,854	0.000000	0.000000	2,532,760	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LI THOTRI PSY	0	409,454	0.000000	0.000000	0	76.00
76.01	03021	ENDOSCOPY	0	26,540,017	0.000000	0.000000	908,013	76.01
76.02	03022	PRI SI ON CLINI C	0	111,200	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	2,673,829	0.000000	0.000000	20,899	76.03
76.04	03024	OPI C	0	5,511,773	0.000000	0.000000	52,072	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	29,439,200	0.000000	0.000000	3,709,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,701	0.000000	0.000000	281,860	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	479,012,424			108,851,425	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part IV
Date/Time Prepared:
1/21/2014 12:55 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)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	12,023,250	0		50.00
51.00	05100 RECOVERY ROOM	0	1,948,689	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	344	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,839,901	0		54.00
54.01	05401 ULTRASOUND	0	373,716	0		54.01
54.02	05402 MAMMOGRAPHY	0	151,234	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,883,795	0		55.00
56.00	05600 RADIOISOTOPE	0	4,429,286	0		56.00
57.00	05700 CT SCAN	0	5,325,603	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,268,834	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,846,443	0		59.00
60.00	06000 LABORATORY	0	1,799,835	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	363,047	0		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	109,365	0		65.00
66.00	06600 PHYSICAL THERAPY	0	743,336	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,798,239	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	91,924	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,329,702	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,454,354	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,242,459	0		73.00
74.00	07400 RENAL DIALYSIS	0	13,969	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020 LI THOTRI PSY	0	79,874	0		76.00
76.01	03021 ENDOSCOPY	0	10,002,494	0		76.01
76.02	03022 PRISON CLINIC	0	0	0		76.02
76.03	03023 WOUND CARE	0	1,232,727	0		76.03
76.04	03024 OPI C	0	2,606,955	0		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	4,136,722	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	300,947	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	86,397,044	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 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	0.077341	12,023,250	0	0	929,890	50.00
51.00	05100	RECOVERY ROOM	0.101695	1,948,689	0	0	198,172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	344	0	0	177	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	1,839,901	0	0	493,340	54.00
54.01	05401	ULTRASOUND	0.121727	373,716	0	0	45,491	54.01
54.02	05402	MAMMOGRAPHY	0.260699	151,234	0	0	39,427	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	4,883,795	0	0	1,034,300	55.00
56.00	05600	RADIOISOTOPE	0.114448	4,429,286	0	0	506,923	56.00
57.00	05700	CT SCAN	0.036988	5,325,603	0	0	196,983	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	1,268,834	0	0	98,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	3,846,443	0	0	241,984	59.00
60.00	06000	LABORATORY	0.081522	1,799,835	0	1,225	146,726	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	363,047	0	0	64,864	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	109,365	0	0	18,087	65.00
66.00	06600	PHYSICAL THERAPY	0.265037	743,336	0	0	197,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115139	1,798,239	0	0	207,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	91,924	0	0	21,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	6,329,702	0	0	1,111,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	2,454,354	0	0	1,080,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	18,242,459	0	110,767	2,181,488	73.00
74.00	07400	RENAL DIALYSIS	0.199741	13,969	0	0	2,790	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	LITHOTRIPSY	0.256490	79,874	0	0	20,487	76.00
76.01	03021	ENDOSCOPY	0.081022	10,002,494	0	0	810,422	76.01
76.02	03022	PRISON CLINIC	5.887770	0	0	0	0	76.02
76.03	03023	WOUND CARE	0.365831	1,232,727	0	0	450,970	76.03
76.04	03024	OPIIC	0.168229	2,606,955	0	0	438,565	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.145372	4,136,722	0	0	601,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	300,947	0	0	82,214	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		86,397,044	0	111,992	11,221,498	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		86,397,044	0	111,992	11,221,498	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
54.02 05402 MAMMOGRAPHY	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	100		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	13,246		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 LI THOTRI PSY	0	0		76.00
76.01 03021 ENDOSCOPY	0	0		76.01
76.02 03022 PRISION CLINIC	0	0		76.02
76.03 03023 WOUND CARE	0	0		76.03
76.04 03024 OPIC	0	0		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	13,346		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	13,346		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part II Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	854,944	66,812,531	0.012796	0	50.00
51.00	05100	RECOVERY ROOM	71,562	9,932,665	0.007205	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	263,129	4,386,722	0.059983	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,025	10,366,463	0.027688	14,188	393 54.00
54.01	05401	ULTRASOUND	20,373	2,748,680	0.007412	4,975	37 54.01
54.02	05402	MAMMOGRAPHY	55,847	2,153,288	0.025936	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	222,178	9,352,214	0.023757	0	0 55.00
56.00	05600	RADIOISOTOPE	51,068	10,607,480	0.004814	0	0 56.00
57.00	05700	CT SCAN	70,955	23,481,521	0.003022	34,139	103 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,391	6,055,949	0.006835	5,391	37 58.00
59.00	05900	CARDIAC CATHETERIZATION	95,598	17,686,147	0.005405	0	0 59.00
60.00	06000	LABORATORY	255,105	48,481,287	0.005262	427,150	2,248 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	28,658	4,731,558	0.006057	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	98,938	11,937,083	0.008288	15,355	127 65.00
66.00	06600	PHYSICAL THERAPY	275,505	9,306,764	0.029603	8,554	253 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	95,613	11,192,033	0.008543	14,202	121 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,830	842,749	0.041329	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,016	36,822,917	0.010646	2,469	26 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,940	15,743,117	0.009905	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,342	105,539,228	0.003642	412,542	1,502 73.00
74.00	07400	RENAL DIALYSIS	31,121	3,925,854	0.007927	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03020	LI THOTRI PSY	2,405	409,454	0.005874	0	0 76.00
76.01	03021	ENDOSCOPY	113,026	26,540,017	0.004259	0	0 76.01
76.02	03022	PRI SION CLINIC	221,020	111,200	1.987590	0	0 76.02
76.03	03023	WOUND CARE	71,606	2,673,829	0.026780	0	0 76.03
76.04	03024	OPIC	131,821	5,511,773	0.023916	0	0 76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
91.00	09100	EMERGENCY	421,233	29,439,200	0.014309	281,265	4,025 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,701	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	4,747,249	479,012,424		1,220,230	8,872 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	MAMMOGRAPHY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	LI THOTRI PSY	0	0	0	0	76.00
76.01	03021	ENDOSCOPY	0	0	0	0	76.01
76.02	03022	PRI SI ON CL IN IC	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	76.03
76.04	03024	OPI C	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,812,531	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	9,932,665	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,386,722	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,366,463	0.000000	0.000000	14,188	54.00
54.01	05401	ULTRASOUND	0	2,748,680	0.000000	0.000000	4,975	54.01
54.02	05402	MAMMOGRAPHY	0	2,153,288	0.000000	0.000000	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,352,214	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	10,607,480	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,481,521	0.000000	0.000000	34,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,055,949	0.000000	0.000000	5,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,686,147	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	48,481,287	0.000000	0.000000	427,150	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,731,558	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,937,083	0.000000	0.000000	15,355	65.00
66.00	06600	PHYSICAL THERAPY	0	9,306,764	0.000000	0.000000	8,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,192,033	0.000000	0.000000	14,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	842,749	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,822,917	0.000000	0.000000	2,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,743,117	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,539,228	0.000000	0.000000	412,542	73.00
74.00	07400	RENAL DIALYSIS	0	3,925,854	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0	409,454	0.000000	0.000000	0	76.00
76.01	03021	ENDOSCOPY	0	26,540,017	0.000000	0.000000	0	76.01
76.02	03022	PRI SI ON CLINIC	0	111,200	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	2,673,829	0.000000	0.000000	0	76.03
76.04	03024	OPI C	0	5,511,773	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	29,439,200	0.000000	0.000000	281,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,701	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	479,012,424			1,220,230	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,772	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,222	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	76.01
76.02	03022 PRISON CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	76.03
76.04	03024 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	1,437	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	6,431	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.077341	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.101695	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.513440	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.268134	1,772	0	0	475	54.00
54.01 05401 ULTRASOUND	0.121727	0	0	0	0	54.01
54.02 05402 MAMMOGRAPHY	0.260699	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211782	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.114448	0	0	0	0	56.00
57.00 05700 CT SCAN	0.036988	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077660	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.062911	0	0	0	0	59.00
60.00 06000 LABORATORY	0.081522	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.165383	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.265037	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.115139	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237158	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.119583	3,222	5,311	0	385	73.00
74.00 07400 RENAL DIALYSIS	0.199741	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 LI THOTRI PSY	0.256490	0	0	0	0	76.00
76.01 03021 ENDOSCOPY	0.081022	0	0	0	0	76.01
76.02 03022 PRI SI ON CLINIC	5.887770	0	0	0	0	76.02
76.03 03023 WOUND CARE	0.365831	0	0	0	0	76.03
76.04 03024 OPI C	0.168229	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.145372	1,437	0	0	209	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		6,431	5,311	0	1,069
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		6,431	5,311	0	1,069

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
	Component CCN: 15S046	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
54.02 05402 MAMMOGRAPHY	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	635	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 LITHOTRIPSY	0	0	76.00
76.01 03021 ENDOSCOPY	0	0	76.01
76.02 03022 PRISON CLINIC	0	0	76.02
76.03 03023 WOUND CARE	0	0	76.03
76.04 03024 OPI C	0	0	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Subtotal (see instructions)	635	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	635	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D Part II Date/Time Prepared: 1/21/2014 12:55 pm		
		Component CCN: 15T046		Title XVIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	854,944	66,812,531	0.012796	74,669	955	50.00
51.00	05100	RECOVERY ROOM	71,562	9,932,665	0.007205	9,523	69	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	263,129	4,386,722	0.059983	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	287,025	10,366,463	0.027688	47,816	1,324	54.00
54.01	05401	ULTRASOUND	20,373	2,748,680	0.007412	5,747	43	54.01
54.02	05402	MAMMOGRAPHY	55,847	2,153,288	0.025936	2,107	55	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	222,178	9,352,214	0.023757	18,968	451	55.00
56.00	05600	RADIOISOTOPE	51,068	10,607,480	0.004814	0	0	56.00
57.00	05700	CT SCAN	70,955	23,481,521	0.003022	55,546	168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	41,391	6,055,949	0.006835	10,082	69	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,598	17,686,147	0.005405	0	0	59.00
60.00	06000	LABORATORY	255,105	48,481,287	0.005262	396,835	2,088	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	28,658	4,731,558	0.006057	83,951	508	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	98,938	11,937,083	0.008288	93,500	775	65.00
66.00	06600	PHYSICAL THERAPY	275,505	9,306,764	0.029603	2,871,595	85,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	95,613	11,192,033	0.008543	24,843	212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,830	842,749	0.041329	9,357	387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	392,016	36,822,917	0.010646	243,427	2,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,940	15,743,117	0.009905	5,091	50	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,342	105,539,228	0.003642	1,142,975	4,163	73.00
74.00	07400	RENAL DIALYSIS	31,121	3,925,854	0.007927	203,725	1,615	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	LI THOTRI PSY	2,405	409,454	0.005874	0	0	76.00
76.01	03021	ENDOSCOPY	113,026	26,540,017	0.004259	17,930	76	76.01
76.02	03022	PRI SI ON CLINI C	221,020	111,200	1.987590	0	0	76.02
76.03	03023	WOUND CARE	71,606	2,673,829	0.026780	0	0	76.03
76.04	03024	OPIC	131,821	5,511,773	0.023916	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	421,233	29,439,200	0.014309	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,701	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	4,747,249	479,012,424		5,317,687	100,608	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part IV
Date/Time Prepared:
1/21/2014 12:55 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	0	0	76.01
76.02	03022 PRISON CLINIC	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	0	0	76.03
76.04	03024 OPI C	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm				
		Title XVIII		Subprovider - IRF	PPS			
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,812,531	0.000000	0.000000	74,669	50.00
51.00	05100	RECOVERY ROOM	0	9,932,665	0.000000	0.000000	9,523	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,386,722	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,366,463	0.000000	0.000000	47,816	54.00
54.01	05401	ULTRASOUND	0	2,748,680	0.000000	0.000000	5,747	54.01
54.02	05402	MAMMOGRAPHY	0	2,153,288	0.000000	0.000000	2,107	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,352,214	0.000000	0.000000	18,968	55.00
56.00	05600	RADIOISOTOPE	0	10,607,480	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	23,481,521	0.000000	0.000000	55,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,055,949	0.000000	0.000000	10,082	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,686,147	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	48,481,287	0.000000	0.000000	396,835	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,731,558	0.000000	0.000000	83,951	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,937,083	0.000000	0.000000	93,500	65.00
66.00	06600	PHYSICAL THERAPY	0	9,306,764	0.000000	0.000000	2,871,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,192,033	0.000000	0.000000	24,843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	842,749	0.000000	0.000000	9,357	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,822,917	0.000000	0.000000	243,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,743,117	0.000000	0.000000	5,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	105,539,228	0.000000	0.000000	1,142,975	73.00
74.00	07400	RENAL DIALYSIS	0	3,925,854	0.000000	0.000000	203,725	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0	409,454	0.000000	0.000000	0	76.00
76.01	03021	ENDOSCOPY	0	26,540,017	0.000000	0.000000	17,930	76.01
76.02	03022	PRI SON CLINIC	0	111,200	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	2,673,829	0.000000	0.000000	0	76.03
76.04	03024	OPIC	0	5,511,773	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	29,439,200	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,220,701	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	479,012,424			5,317,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/21/2014 12:55 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
54.02	05402 MAMMOGRAPHY	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,841	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 LI THOTRI PSY	0	0	0	76.00
76.01	03021 ENDOSCOPY	0	0	0	76.01
76.02	03022 PRISON CLINIC	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	76.03
76.04	03024 OPI C	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DI ALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	1,841	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.077341	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.101695	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.513440	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.268134	0	0	0	0 54.00
54.01 05401 ULTRASOUND	0.121727	0	0	0	0 54.01
54.02 05402 MAMMOGRAPHY	0.260699	0	0	0	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211782	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.114448	0	0	0	0 56.00
57.00 05700 CT SCAN	0.036988	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077660	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.062911	0	0	0	0 59.00
60.00 06000 LABORATORY	0.081522	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.165383	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.265037	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.115139	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237158	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.119583	1,841	0	2,591	220 73.00
74.00 07400 RENAL DIALYSIS	0.199741	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03020 LI THOTRI PSY	0.256490	0	0	0	0 76.00
76.01 03021 ENDOSCOPY	0.081022	0	0	0	0 76.01
76.02 03022 PRI SI ON CL IN IC	5.887770	0	0	0	0 76.02
76.03 03023 WOUND CARE	0.365831	0	0	0	0 76.03
76.04 03024 OPI C	0.168229	0	0	0	0 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
91.00 09100 EMERGENCY	0.145372	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		1,841	2,591	220 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		1,841	2,591	220 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
	Component CCN: 15T046	Title XVII I	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	54.01	
54.02 05402 MAMMOGRAPHY	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	56.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	310	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00	
76.00 03020 LI THOTRI PSY	0	0	76.00	
76.01 03021 ENDOSCOPY	0	0	76.01	
76.02 03022 PRISON CLINIC	0	0	76.02	
76.03 03023 WOUND CARE	0	0	76.03	
76.04 03024 OPI C	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00	
90.00 09000 CLINIC	0	0	90.00	
91.00 09100 EMERGENCY	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00	
200.00	Subtotal (see instructions)	0	310	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	310	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 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	0.077341	0	8,418,350	0	0
51.00 05100 RECOVERY ROOM	0.101695	0	1,545,723	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.513440	0	107,204	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.268134	0	1,769,628	0	0
54.01 05401 ULTRASOUND	0.121727	0	615,062	0	0
54.02 05402 MAMMOGRAPHY	0.260699	0	174,233	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211782	0	728,126	0	0
56.00 05600 RADIOISOTOPE	0.114448	0	1,113,006	0	0
57.00 05700 CT SCAN	0.036988	0	2,548,244	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077660	0	696,657	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.062911	0	614,387	0	0
60.00 06000 LABORATORY	0.081522	0	5,346,894	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	129,085	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.165383	0	248,447	0	0
66.00 06600 PHYSICAL THERAPY	0.265037	0	304,641	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.115139	0	876,657	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237158	0	222,077	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	0	2,897,044	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	1,158,472	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.119583	0	6,128,318	0	0
74.00 07400 RENAL DIALYSIS	0.199741	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 LI THOTRI PSY	0.256490	0	16,163	0	0
76.01 03021 ENDOSCOPY	0.081022	0	2,361,209	0	0
76.02 03022 PRISON CLINIC	5.887770	0	0	0	0
76.03 03023 WOUND CARE	0.365831	0	280,336	0	0
76.04 03024 OPI C	0.168229	0	342,091	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.145372	0	6,173,197	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	937,772	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		0	45,753,023	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	45,753,023	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/21/2014 12:55 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			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	651,084	0	50.00
51.00	05100	RECOVERY ROOM	157,192	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,043	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	474,497	0	54.00
54.01	05401	ULTRASOUND	74,870	0	54.01
54.02	05402	MAMMOGRAPHY	45,422	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	154,204	0	55.00
56.00	05600	RADIOISOTOPE	127,381	0	56.00
57.00	05700	CT SCAN	94,254	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	54,102	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,652	0	59.00
60.00	06000	LABORATORY	435,889	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,063	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,089	0	65.00
66.00	06600	PHYSICAL THERAPY	80,741	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	100,937	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,667	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	508,817	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	510,112	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	732,843	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	LI THOTRI PSY	4,146	0	76.00
76.01	03021	ENDOSCOPY	191,310	0	76.01
76.02	03022	PRI SION CLINIC	0	0	76.02
76.03	03023	WOUND CARE	102,556	0	76.03
76.04	03024	OPI C	57,550	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	897,410	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	256,184	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	5,922,015	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	5,922,015	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/21/2014 12:55 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)		19,227	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,227	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)		18,510	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,054	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,268,194	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		16,268,194	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)		16,268,194	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)		846.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,352,900	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)		9,352,900	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 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)	
NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
INTENSIVE CARE UNIT		4,132,734	2,816	1,467.59	1,552	2,277,700	43.00
CORONARY CARE UNIT							44.00
BURN INTENSIVE CARE UNIT							45.00
SURGICAL INTENSIVE CARE UNIT							46.00
OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						14,983,244	48.00
Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						26,613,844	49.00
PASS THROUGH COST ADJUSTMENTS							
Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,526,878	50.00
Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						869,137	51.00
Total Program excludable cost (sum of lines 50 and 51)						2,396,015	52.00
Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						24,217,829	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
Program discharges						0	54.00
Target amount per discharge						0.00	55.00
Target amount (line 54 x line 55)						0	56.00
Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
Bonus payment (see instructions)						0	58.00
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
Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
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
Relief payment (see instructions)						0	62.00
Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
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
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
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							
Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
Program routine service cost (line 9 x line 71)							72.00
Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
Total Program general inpatient routine service costs (line 72 + line 73)							74.00
Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
Per diem capital-related costs (line 75 ÷ line 2)							76.00
Program capital-related costs (line 9 x line 76)							77.00
Inpatient routine service cost (line 74 minus line 77)							78.00
Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
Inpatient routine service cost per diem limitation							81.00
Inpatient routine service cost limitation (line 9 x line 81)							82.00
Reasonable inpatient routine service costs (see instructions)							83.00
Program inpatient ancillary services (see instructions)							84.00
Utilization review - physician compensation (see instructions)							85.00
Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
Total observation bed days (see instructions)						717	87.00
Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						846.11	88.00
Observation bed cost (line 87 x line 88) (see instructions)						606,661	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 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	2,258,895	16,268,194	0.138853	606,661	84,237	90.00
91.00	Nursing School cost	0	16,268,194	0.000000	606,661	0	91.00
92.00	Allied health cost	0	16,268,194	0.000000	606,661	0	92.00
93.00	All other Medical Education	0	16,268,194	0.000000	606,661	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,238	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,238	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)		3,238	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,132	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,975,247	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,975,247	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)		2,975,247	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)		918.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,040,138	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)		1,040,138	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Component CCN: 15S046				Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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)					138,059		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,178,197		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)					126,354		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,872		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					135,226		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,042,971		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	361,417	2,975,247	0.121475	0	0	90.00
91.00	Nursing School cost	0	2,975,247	0.000000	0	0	91.00
92.00	Allied health cost	0	2,975,247	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,975,247	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,962	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,962	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,407	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,301,810	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,301,810	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)		2,301,810	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)		1,173.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,650,692	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)		1,650,692	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Component CCN: 15T046				Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							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)					1,091,023		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,741,715		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)					274,928		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					100,608		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					375,536		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,366,179		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	383,377	2,301,810	0.166555	0	0	90.00
91.00	Nursing School cost	0	2,301,810	0.000000	0	0	91.00
92.00	Allied health cost	0	2,301,810	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,301,810	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/21/2014 12:55 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)		19,227	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,227	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)		18,510	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,711	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)		1,053	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,217,988	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		16,217,988	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)		16,217,988	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)		843.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,443,229	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)		1,443,229	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 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)
NURSERY (title V & XIX only)		823,002	1,053	781.58	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,132,734	2,816	1,467.59	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,206,111
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,649,340
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					717
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.50
89.00	Observation bed cost (line 87 x line 88) (see instructions)					604,790

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Component CCN: 15S046		Date/Time Prepared: 1/21/2014 12:55 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,238	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,238	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.		6,131,576	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		-6,128,338	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,053	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,937,883	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,937,883	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		3,942,355	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,942,355	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.745210	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)		-0.64	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.64	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.48	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,943,156	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		-5,273	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)		-1.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Component CCN: 15S046				Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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)					121,721		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					121,721		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Component CCN: 15T046	Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,962	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,962	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		118	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)		1,053	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,301,810	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,301,810	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)		2,301,810	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)		1,173.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		138,438	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)		138,438	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
		Component CCN: 15T046		Date/Time Prepared: 1/21/2014 12:55 pm			
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					63,153		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					201,591		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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/21/2014 12:55 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		8,483,465	30.00
31.00	03100	INTENSIVE CARE UNIT		3,271,384	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.077448	12,755,550	987,892 50.00
51.00	05100	RECOVERY ROOM	0.101695	1,436,830	146,118 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	33,737	17,322 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	1,642,764	440,481 54.00
54.01	05401	ULTRASOUND	0.121727	290,882	35,408 54.01
54.02	05402	MAMMOGRAPHY	0.260699	5,372	1,400 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	229,744	48,656 55.00
56.00	05600	RADIOISOTOPE	0.114448	532,687	60,965 56.00
57.00	05700	CT SCAN	0.036988	3,609,765	133,518 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	596,265	46,306 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	5,746,013	361,487 59.00
60.00	06000	LABORATORY	0.081526	12,230,082	997,070 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	2,278,704	407,125 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	6,871,241	1,136,386 65.00
66.00	06600	PHYSICAL THERAPY	0.268681	1,631,349	438,312 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.116226	3,694,545	429,402 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	183,253	43,460 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	10,245,213	1,799,397 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	5,525,694	2,433,140 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	31,806,674	3,803,537 73.00
74.00	07400	RENAL DIALYSIS	0.199741	2,532,760	505,896 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	LITHOTRIPSY	0.256490	0	0 76.00
76.01	03021	ENDOSCOPY	0.084527	908,013	76,752 76.01
76.02	03022	PRI SON CLINIC	5.887770	0	0 76.02
76.03	03023	WOUND CARE	0.369822	20,899	7,729 76.03
76.04	03024	OPI C	0.177338	52,072	9,234 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.145372	3,709,457	539,251 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	281,860	77,000 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		108,851,425	14,983,244 200.00
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)		108,851,425	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3	
		Component CCN: 15S046		Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,125,607	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.077448	0	50.00
51.00	05100	RECOVERY ROOM	0.101695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	14,188	54.00
54.01	05401	ULTRASOUND	0.121727	4,975	54.01
54.02	05402	MAMMOGRAPHY	0.260699	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	0	55.00
56.00	05600	RADIOISOTOPE	0.114448	0	56.00
57.00	05700	CT SCAN	0.036988	34,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	5,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	0	59.00
60.00	06000	LABORATORY	0.081526	427,150	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	15,355	65.00
66.00	06600	PHYSICAL THERAPY	0.268681	8,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116226	14,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	2,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	412,542	73.00
74.00	07400	RENAL DIALYSIS	0.199741	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.256490	0	76.00
76.01	03021	ENDOSCOPY	0.084527	0	76.01
76.02	03022	PRI SION CLINIC	5.887770	0	76.02
76.03	03023	WOUND CARE	0.369822	0	76.03
76.04	03024	OPI C	0.177338	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.145372	281,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,220,230	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)		1,220,230	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3	
		Component CCN: 15T046		Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,396,131	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.077448	74,669	5,783 50.00
51.00	05100	RECOVERY ROOM	0.101695	9,523	968 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	47,816	12,821 54.00
54.01	05401	ULTRASOUND	0.121727	5,747	700 54.01
54.02	05402	MAMMOGRAPHY	0.260699	2,107	549 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	18,968	4,017 55.00
56.00	05600	RADIOISOTOPE	0.114448	0	0 56.00
57.00	05700	CT SCAN	0.036988	55,546	2,055 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	10,082	783 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	0	0 59.00
60.00	06000	LABORATORY	0.081526	396,835	32,352 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	83,951	14,999 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	93,500	15,463 65.00
66.00	06600	PHYSICAL THERAPY	0.268681	2,871,595	771,543 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.116226	24,843	2,887 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	9,357	2,219 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	243,427	42,754 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	5,091	2,242 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	1,142,975	136,680 73.00
74.00	07400	RENAL DIALYSIS	0.199741	203,725	40,692 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	LITHOTRIPSY	0.256490	0	0 76.00
76.01	03021	ENDOSCOPY	0.084527	17,930	1,516 76.01
76.02	03022	PRI SION CLINIC	5.887770	0	0 76.02
76.03	03023	WOUND CARE	0.369822	0	0 76.03
76.04	03024	OPI C	0.177338	0	0 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.145372	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		5,317,687	1,091,023 200.00
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)		5,317,687	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/21/2014 12:55 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		1,636,935	30.00
31.00	03100	INTENSIVE CARE UNIT		406,072	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		675,147	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.077341	1,935,663	149,706 50.00
51.00	05100	RECOVERY ROOM	0.101695	241,523	24,562 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	2,172,418	1,115,406 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	255,327	68,462 54.00
54.01	05401	ULTRASOUND	0.121727	91,058	11,084 54.01
54.02	05402	MAMMOGRAPHY	0.260699	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	20,896	4,425 55.00
56.00	05600	RADIOISOTOPE	0.114448	110,941	12,697 56.00
57.00	05700	CT SCAN	0.036988	516,937	19,120 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	158,017	12,272 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	411,173	25,867 59.00
60.00	06000	LABORATORY	0.081522	2,157,396	175,875 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	362,860	64,830 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	1,262,729	208,834 65.00
66.00	06600	PHYSICAL THERAPY	0.265037	134,338	35,605 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.115139	411,683	47,401 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	35,876	8,508 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	1,360,620	238,970 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	476,923	210,004 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	5,437,949	650,286 73.00
74.00	07400	RENAL DIALYSIS	0.199741	53,370	10,660 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	LITHOTRIPSY	0.256490	0	0 76.00
76.01	03021	ENDOSCOPY	0.081022	76,912	6,232 76.01
76.02	03022	PRI SON CLINIC	5.887770	0	0 76.02
76.03	03023	WOUND CARE	0.365831	7,756	2,837 76.03
76.04	03024	OPI C	0.168229	3,760	633 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.145372	700,512	101,835 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		18,396,637	3,206,111 200.00
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)		18,396,637	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3	
		Component CCN: 15S046		Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,730,285		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.077341	0	0	50.00
51.00	05100 RECOVERY ROOM	0.101695	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.513440	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268134	8,265	2,216	54.00
54.01	05401 ULTRASOUND	0.121727	0	0	54.01
54.02	05402 MAMMOGRAPHY	0.260699	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211782	0	0	55.00
56.00	05600 RADIOISOTOPE	0.114448	0	0	56.00
57.00	05700 CT SCAN	0.036988	21,212	785	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.077660	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.062911	0	0	59.00
60.00	06000 LABORATORY	0.081522	426,943	34,805	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.165383	21,657	3,582	65.00
66.00	06600 PHYSICAL THERAPY	0.265037	808	214	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115139	9,487	1,092	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237158	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	2,205	387	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119583	257,472	30,789	73.00
74.00	07400 RENAL DIALYSIS	0.199741	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 LI THOTRI PSY	0.256490	0	0	76.00
76.01	03021 ENDOSCOPY	0.081022	0	0	76.01
76.02	03022 PRI SION CLINIC	5.887770	0	0	76.02
76.03	03023 WOUND CARE	0.365831	0	0	76.03
76.04	03024 OPI C	0.168229	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.145372	329,162	47,851	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,077,211	121,721	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)		1,077,211		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3	
		Component CCN: 15T046		Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		93,079	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.077341	0	50.00
51.00	05100	RECOVERY ROOM	0.101695	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.513440	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268134	1,563	54.00
54.01	05401	ULTRASOUND	0.121727	949	54.01
54.02	05402	MAMMOGRAPHY	0.260699	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211782	0	55.00
56.00	05600	RADIOISOTOPE	0.114448	0	56.00
57.00	05700	CT SCAN	0.036988	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.077660	3,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062911	0	59.00
60.00	06000	LABORATORY	0.081522	17,244	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.178665	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.165383	231	65.00
66.00	06600	PHYSICAL THERAPY	0.265037	198,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115139	10,941	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.175633	1,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.440332	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119583	58,014	73.00
74.00	07400	RENAL DIALYSIS	0.199741	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	LITHOTRIPSY	0.256490	0	76.00
76.01	03021	ENDOSCOPY	0.081022	0	76.01
76.02	03022	PRI SION CLINIC	5.887770	0	76.02
76.03	03023	WOUND CARE	0.365831	0	76.03
76.04	03024	OPI C	0.168229	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.145372	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.273184	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		291,545	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)		291,545	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		19,355,150		1.00
2.00	Outlier payments for discharges. (see instructions)		903,492		2.00
2.01	Outlier reconciliation amount		0		2.01
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)		171.04		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (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)		5.88		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.89		31.00
32.00	Sum of lines 30 and 31		20.77		32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.35		33.00
34.00	Disproportionate share adjustment (see instructions)		1,229,052		34.00
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	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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	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)		21,487,694		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)		21,487,694		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,741,638		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)		23,229,332		59.00
60.00	Primary payer payments		6,403		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,222,929		61.00
62.00	Deductibles billed to program beneficiaries		1,989,224		62.00
63.00	Coinurance billed to program beneficiaries		68,499		63.00
64.00	Allowable bad debts (see instructions)		179,189		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		125,432		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		55,119		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,290,638		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	VALUE BASED PURCHASING ADJUSTMENT		39,299		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		0		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-44,960		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,284,977		71.00
71.01	Sequestration adjustment (see instructions)		178,794		71.01
72.00	Interim payments		21,942,763		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		-836,580		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/21/2014 12:55 pm
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,346	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,221,498	2.00
3.00	PPS payments		11,734,643	3.00
4.00	Outlier payment (see instructions)		50,642	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,346	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		111,992	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)		111,992	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)		111,992	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,646	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)		13,346	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)		11,785,285	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,576,589	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,222,042	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,222,042	30.00
31.00	Primary payer payments		5,481	31.00
32.00	Subtotal (line 30 minus line 31)		9,216,561	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)		412,349	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		288,644	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		316,077	36.00
37.00	Subtotal (see instructions)		9,505,205	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1,480	38.00
39.00			0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,506,685	40.00
40.01	Sequestration adjustment (see instructions)		79,856	40.01
41.00	Interim payments		9,405,715	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		21,114	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		635	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,069	2.00
3.00	PPS payments		1,150	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		635	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,311	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)		5,311	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)		5,311	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,676	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)		635	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)		1,150	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		103	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)		1,682	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)		1,682	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,682	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,682	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,682	40.00
40.01	Sequestration adjustment (see instructions)		14	40.01
41.00	Interim payments		1,991	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-323	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			310 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			220 2.00
3.00	PPS payments			392 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			310 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			2,591 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)			2,591 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)			2,591 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			2,281 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)			310 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)			392 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 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)			702 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)			702 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			702 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			702 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			702 40.00
40.01	Sequestration adjustment (see instructions)			6 40.01
41.00	Interim payments			905 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-209 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: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/21/2014 12:55 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		21,942,763		9,405,715	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)		21,942,763		9,405,715	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		21,114	6.01
6.02	SETTLEMENT TO PROGRAM		836,580		0	6.02
7.00	Total Medicare program liability (see instructions)		21,106,183		9,426,829	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: 150046
Component CCN: 15S046

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/21/2014 12:55 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		724,790		1,991	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)		724,790		1,991	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		9,746		323	6.02
7.00	Total Medicare program liability (see instructions)		715,044		1,668	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: 150046
Component CCN: 15T046

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/21/2014 12:55 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,948,737		905	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)		1,948,737		905	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		21,790		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		209	6.02
7.00	Total Medicare program liability (see instructions)		1,970,527		696	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: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-1 Part II Date/Time Prepared: 1/21/2014 12:55 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		5,098	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		12,606	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,205	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		21,326	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		509,662,648	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		1,795,488	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,359,818	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,359,818	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,364,858	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)		-5,040	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part II Date/Time Prepared: 1/21/2014 12:55 pm
		Component CCN: 15S046	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	870,771		1.00
2.00	Net IPF PPS Outlier Payments	0		2.00
3.00	Net IPF PPS ECT Payments	0		3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00		4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		4.01
5.00	New Teaching program adjustment. (see instructions)	0.00		5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00		8.00
9.00	Average Daily Census (see instructions)	8.871233		9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.	0.000000		10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).	0		11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	870,771		12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0		13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		15.00
16.00	Subtotal (see instructions)	870,771		16.00
17.00	Primary payer payments	0		17.00
18.00	Subtotal (line 16 less line 17).	870,771		18.00
19.00	Deductibles	166,896		19.00
20.00	Subtotal (line 18 minus line 19)	703,875		20.00
21.00	Coinsurance	28,784		21.00
22.00	Subtotal (line 20 minus line 21)	675,091		22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	65,728		23.00
24.00	Adjusted reimbursable bad debts (see instructions)	46,010		24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	18,582		25.00
26.00	Subtotal (sum of lines 22 and 24)	721,101		26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		27.00
28.00	Other pass through costs (see instructions)	0		28.00
29.00	Outlier payments reconciliation	0		29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		30.00
30.99	Recovery of Accelerated Depreciation	0		30.99
31.00	Total amount payable to the provider (see instructions)	721,101		31.00
31.01	Sequestration adjustment (see instructions)	6,057		31.01
32.00	Interim payments	724,790		32.00
33.00	Tentative settlement (for contractor use only)	0		33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	-9,746		34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part III Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,676,719 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0570 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			87,860 3.00
4.00	Outlier Payments			238,871 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			5.375342 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,003,450 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,003,450 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,003,450 19.00
20.00	Deductibles			7,048 20.00
21.00	Subtotal (line 19 minus line 20)			1,996,402 21.00
22.00	Coinurance			13,320 22.00
23.00	Subtotal (line 21 minus line 22)			1,983,082 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,911 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			4,138 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,987,220 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,987,220 32.00
32.01	Sequestration adjustment (see instructions)			16,693 32.01
33.00	Interim payments			1,948,737 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			21,790 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			238,871 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 1/21/2014 12:55 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	4,649,340			1.00
2.00	Medical and other services		5,922,015		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	4,649,340	5,922,015		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	4,649,340	5,922,015		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges	18,396,637	45,753,023		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	18,396,637	45,753,023		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	18,396,637	45,753,023		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	13,747,297	39,831,008		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,649,340	5,922,015		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,649,340	5,922,015		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,649,340	5,922,015		31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	4,649,340	5,922,015		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)	4,649,340	5,922,015		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	4,649,340	5,922,015		40.00
41.00	Interim payments	4,449,042	4,632,052		41.00
42.00	Balance due provider/program (line 40 minus 41)	200,298	1,289,963		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 1/21/2014 12:55 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	121,721		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	121,721	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	121,721	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	1,077,211	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,077,211	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,077,211	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	955,490	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	121,721	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	121,721	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	121,721	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	121,721	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	121,721	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	121,721	0	40.00
41.00	Interim payments	636,390	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-514,669	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 1/21/2014 12:55 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	201,591		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	201,591	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	201,591	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	291,545	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	291,545	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	291,545	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	89,954	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	201,591	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	201,591	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	201,591	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	201,591	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	201,591	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	201,591	0	40.00
41.00	Interim payments	82,620	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	118,971	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet G

Date/Time Prepared:
1/21/2014 12:55 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	4,028	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,235,624	0	0	0	4.00
5.00	Other receivable	-113,161	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,711,145	0	0	0	6.00
7.00	Inventory	4,574,935	0	0	0	7.00
8.00	Prepaid expenses	304,297	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-33,094	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	21,261,484	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,262,718	0	0	0	12.00
13.00	Land improvements	3,002,401	0	0	0	13.00
14.00	Accumulated depreciation	-2,893,686	0	0	0	14.00
15.00	Buildings	38,638,215	0	0	0	15.00
16.00	Accumulated depreciation	-21,933,782	0	0	0	16.00
17.00	Leasehold improvements	5,743,281	0	0	0	17.00
18.00	Accumulated depreciation	-4,474,001	0	0	0	18.00
19.00	Fixed equipment	24,499,742	0	0	0	19.00
20.00	Accumulated depreciation	-16,165,698	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	44,298,780	0	0	0	23.00
24.00	Accumulated depreciation	-38,353,672	0	0	0	24.00
25.00	Minor equipment depreciable	3,152,813	0	0	0	25.00
26.00	Accumulated depreciation	-1,238,866	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	655,212	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,193,457	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	3,063,197	0	0	0	33.00
34.00	Other assets	2,386,484	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,449,681	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	62,904,622	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,805,659	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,055,969	0	0	0	38.00
39.00	Payroll taxes payable	1,774,404	0	0	0	39.00
40.00	Notes and loans payable (short term)	-3	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,636,029	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	61,394	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-187,771,288	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-187,709,894	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-178,073,865	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	240,978,487	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	240,978,487	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	62,904,622	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-1

Date/Time Prepared:
1/21/2014 12:55 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		229,952,710		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,041,912			2.00
3.00	Total (sum of line 1 and line 2)		253,994,622		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		253,994,622		0	11.00
12.00	FEDERAL TAX LIABILITY	9,018,864		0		12.00
13.00	HI TECH EQUITY	3,997,132		0		13.00
14.00	ROUNDING	139		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		13,016,135		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		240,978,487		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	FEDERAL TAX LIABILITY		0			12.00
13.00	HI TECH EQUITY		0			13.00
14.00	ROUNDING		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: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/21/2014 12:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,649,919		15,649,919	1.00
2.00	SUBPROVIDER - IPF	6,131,576		6,131,576	2.00
3.00	SUBPROVIDER - IRF	1,938,198		1,938,198	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,719,693		23,719,693	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,940,539		5,940,539	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)	5,940,539		5,940,539	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	29,660,232		29,660,232	17.00
18.00	Ancillary services	206,817,650		206,817,650	18.00
19.00	Outpatient services	0	273,184,976	273,184,976	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	236,477,882	273,184,976	509,662,858	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		99,566,897		29.00
30.00		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)		99,566,897		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150046

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-3

Date/Time Prepared:
1/21/2014 12:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	509,662,858	1.00
2.00	Less contractual allowances and discounts on patients' accounts	388,245,219	2.00
3.00	Net patient revenues (line 1 minus line 2)	121,417,639	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	99,566,897	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,850,742	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPITAL OTHER REVENUE	426,707	24.00
24.01	HOSPITAL MISC. REVENUE	16,815	24.01
24.02		0	24.02
25.00	Total other income (sum of lines 6-24)	443,522	25.00
26.00	Total (line 5 plus line 25)	22,294,264	26.00
27.00	HITECH DIVIDENDS	-1,747,648	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-1,747,648	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,041,912	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150046	Period: From 09/01/2012 To 08/31/2013	Worksheet L Parts I-III Date/Time Prepared: 1/21/2014 12:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,530,060	1.00
2.00	Capital DRG outlier payments		145,785	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		58.43	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 (line 1 times line 5)		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)		5.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.89	8.00
9.00	Sum of lines 7 and 8		20.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.30	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		65,793	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,741,638	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